

COMMONWEALTH OF VIRGINIA WORKERS' COMPENSATION COMMISSION



***WebFile* Guide**

Instructional Guide for WebFile System

APRIL 2009 EDITION

PREFACE

This Guide is designed to assist Claim Administrators with using **WebFile**, the Virginia Workers' Compensation Commission's self-service claims management system. The Commission implemented this efficient, easy-to-use web-based system so that carriers would have an additional resource to view and manage their portfolio of claims. Questions about any of the information provided in this guide should be directed to webfilesupport@vwc.state.va.us.

The Commission's comprehensive EDI Implementation Guide, which can be found at <http://www.vwc.state.va.us/EDI/EDIinitiative.html>, has been the source of much of the technical information in this document. Should discrepancies exist between this **WebFile** Guide and the EDI Implementation Guide, please consider the EDI Implementation Guide as the source of record.

WELCOME

Welcome to the Virginia Workers' Compensation Commission's **WebFile** system.

This document provides the information and instructions necessary for navigating this web-based claim management tool. It has been designed to be used in two different ways –

- the printed document may be used as a hard-copy comprehensive reference manual or,
- the electronic file may be used as a quick reference guide by clicking the role-based questions in the Table of Contents section

Please also note that most of the sections in this **WebFile** Guide are also available from the “Help & Support” link, accessible after you have logged in to the system.

If after reviewing the guide you do not find an answer to your question, try the Frequently Asked Questions on the Commission's EDI Initiative page at: <http://www.vwc.state.va.us/EDI/FAQs.html>. This site contains answers to broader questions about the Commission's overall Release 3.0 EDI Initiative.

You may also request that your organization's Site Administrator submit a question on your behalf to WebFileSupport@vwc.state.va.us.

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WebFile INTRODUCTION

Background

In Virginia an employer with more than two employees must provide workers' compensation insurance coverage for its employees. In exchange, an employee who suffers a workplace injury or disease is precluded from bringing a civil action against his or her employer for damages caused by the injury or disease. Benefits available under the insurance policy in question are outlined in the Virginia Workers' Compensation Act.

The Virginia Workers' Compensation Commission administers the Act, and adjudicates disputes relating to coverage. The Commission also monitors insurance policies to prevent, as much as possible, employers having lapses in coverage. The Commission certifies employers who seek to self-insure their workers' compensation liability. The Virginia State Corporation Commission, Bureau of Insurance, on the other hand, certifies insurers to offer workers' compensation coverage, and sets premium rates for this coverage. The two agencies—the Workers' Compensation Commission and the State Corporation Commission—are governed independently from each other.

Under the Workers' Compensation Act, employers are required to file accident reports with the Commission. The Act spells out certain data that must be included, but authorizes the Commission to collect additional information that it deems necessary. The Act also charges the Commission with oversight of compensation payments made under the Act, as well as adjudicating disputes with respect to compensation and other benefits.

Electronic Submission of Claims data

In 2006 the Commission began an effort to examine its manual, paper-based processes, as well as those of its customers, and to design a solution which leveraged industry best practices and technologies to improve its customer-service mission. A key decision from this analysis involved utilizing data sharing standards available within the industry, specifically the standards established by the International Association of Industrial Accident Boards and Commissions, or the "IAIABC."

The Commission launched the "Technology Alignment Program," or "TAP" in September 2007. Among other things, the program established three phases to build and implement electronic claims systems based on IAIABC's "Release 3" Electronic Data Interchange (EDI) standards.

- Wave A – 10/1/08 – EDI launch for Carriers filing greater than 1,000 non-minor claims annually
- Wave B – 12/1/08 – EDI launch for Carriers filing between 100 and 1,000 non-minor claims annually
- Wave C – 3/2/09 – EDI launch for self-administered self Insurers (regardless of volume) and carriers filing fewer than 100 non-minor claims annually

WebFile – A Commission-Hosted Claims System for all EDI Filers

As a self-service system, **WebFile** allows **all EDI Filers** to view and manage their portfolio of claims. Claim administrators may view claim history, validate that particular transactions have been accepted, and upload relevant documents, such as Employers' Accident Reports and Agreement Forms. **WebFile** has been set up to facilitate, through an organization's Site Administrator and its Claim Managers, the assignment and administration of an organization's full set of claims.

WebFile –Additional Functionality for Small Volume Filers

High volume insurance carriers often have the benefit of established systems, or relationships with third parties, to help manage filing claims electronically. Smaller volume carriers (which file fewer than 100 non-minor claims annually) may not possess the infrastructure or staff necessary to easily meet Virginia's July 1, 2009 mandate to submit all workers' compensation accident reports electronically. Accordingly, in addition to the functions outlined in the previous section, **WebFile** allows small volume carriers to submit First and Subsequent Reports of Injury online.

WebFile - ACRONYMS

The following terms are used throughout this guide and within the **WebFile** system:

CA	Claim Administrator	Carrier, third party administrator, or self-insured party which manages workers' compensation claims
EDI	Electronic Data Interchange	A general term used to describe the method and standards for transferring data via electronic transmission; VWC follows IAIABC Release 3.0 EDI standards for accepting claim data
FEIN	Federal Employer Identification Number	A business' US Federal Tax ID. The FEIN is a primary data element used to link parties to claims data in WebFile
FROI	First Report of Injury	Claim record submitted to the VWC in accordance with First Report of Injury requirements
SROI	Subsequent Report of Injury	Claim report submitted to the VWC describing subsequent transactions, such as a payment, suspension, denial, etc.
IAIABC	International Association of Industrial Accident Boards and Commissions	The trade association dedicated to promoting efficient and effective workers' compensation systems throughout the United States and other countries.
JCN	Jurisdiction Claim Number	A unique identifier assigned to a claim by the VWC once a FROI submission has been accepted
MTC	Maintenance Type Code	Code indicating the transaction to submit to comply with EDI reporting requirements
VWC	Virginia Workers' Compensation Commission	The state agency which administers the Virginia Workers' Compensation Act

WEBSITES AND CONTACT INFORMATION

Websites

The following links will take you to websites that are referred to multiple times within this **WebFile** Guide:

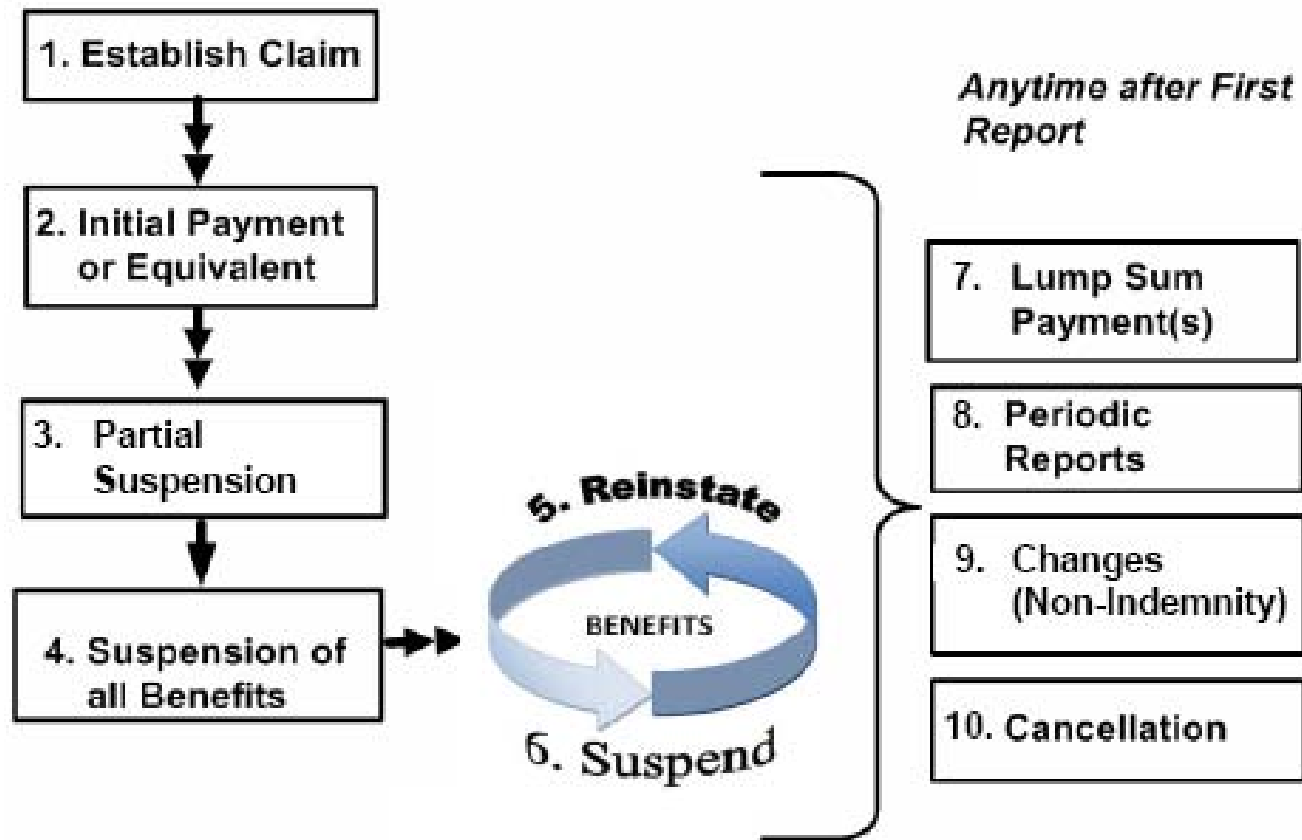
WebFile System		https://webfile.workcomp.virginia.gov
VWC EDI Website	Contains information about the Commission's EDI Initiative	http://www.vwc.state.va.us/EDI/EDInitiative.html
IAIABC Website	Contains information about the IAIABC's Claims Release 3 EDI standards	http://www.iaabc.org/iaa/pages/index.cfm?pageid=3347
VWC Implementation Guide	Contains the VWC EDI Implementation Guide	http://www.vwc.state.va.us/EDI/forms/VWC%20EDI%20Implementation%20Guide%20(1.15.2009).pdf

Contact Information

For Site Administrator inquiries regarding WebFile	webfilesupport@vwc.state.va.us or (804) 205-3176 (Please use e-mail for much more efficient turnaround times)
For general inquiries regarding the Commission's EDI Initiative	tapfeedback@vwc.state.va.us

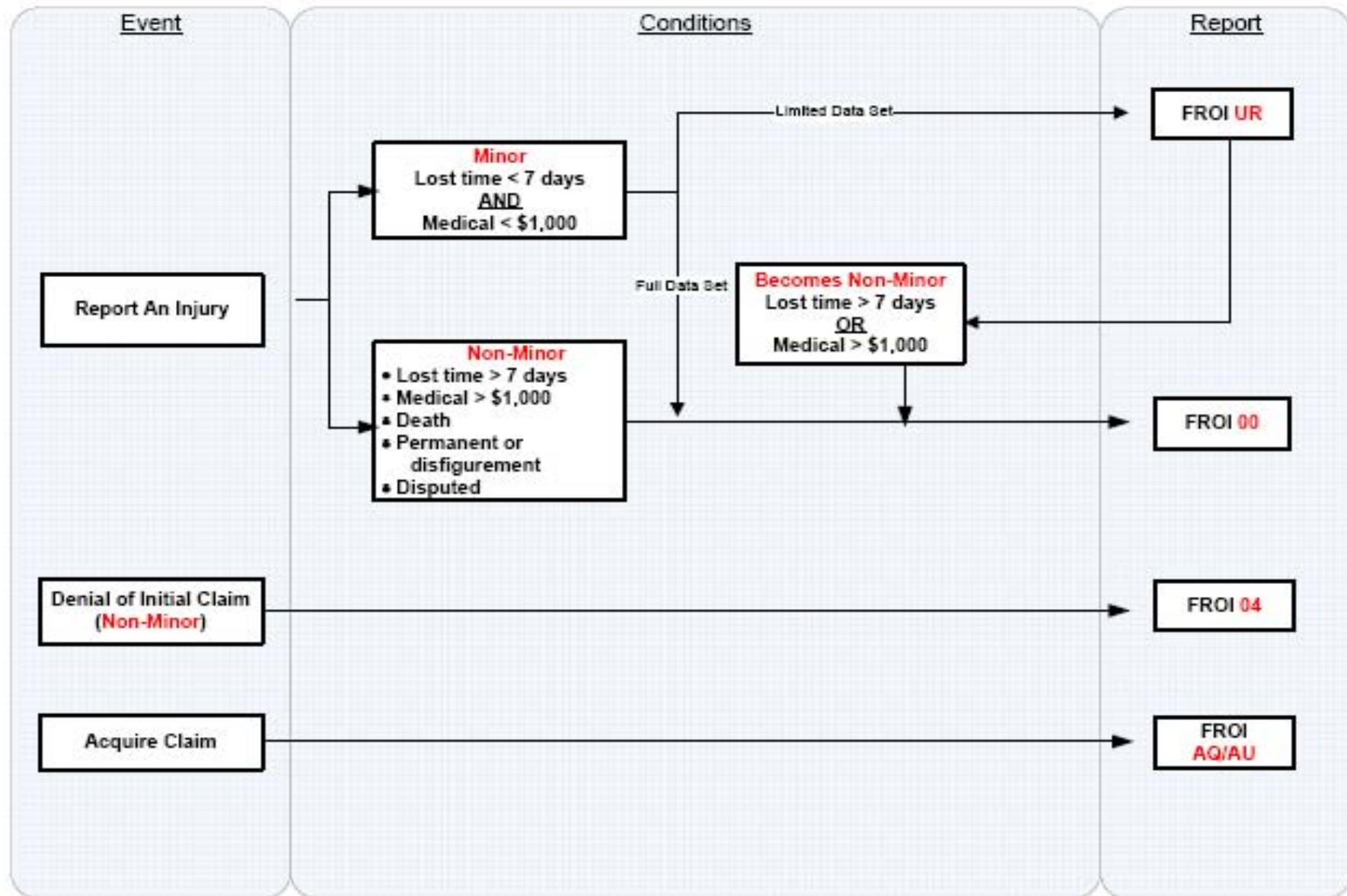
Sourced from IAIABC Claims release 3 standards:
Transaction Sequencing

Claim Event Flow



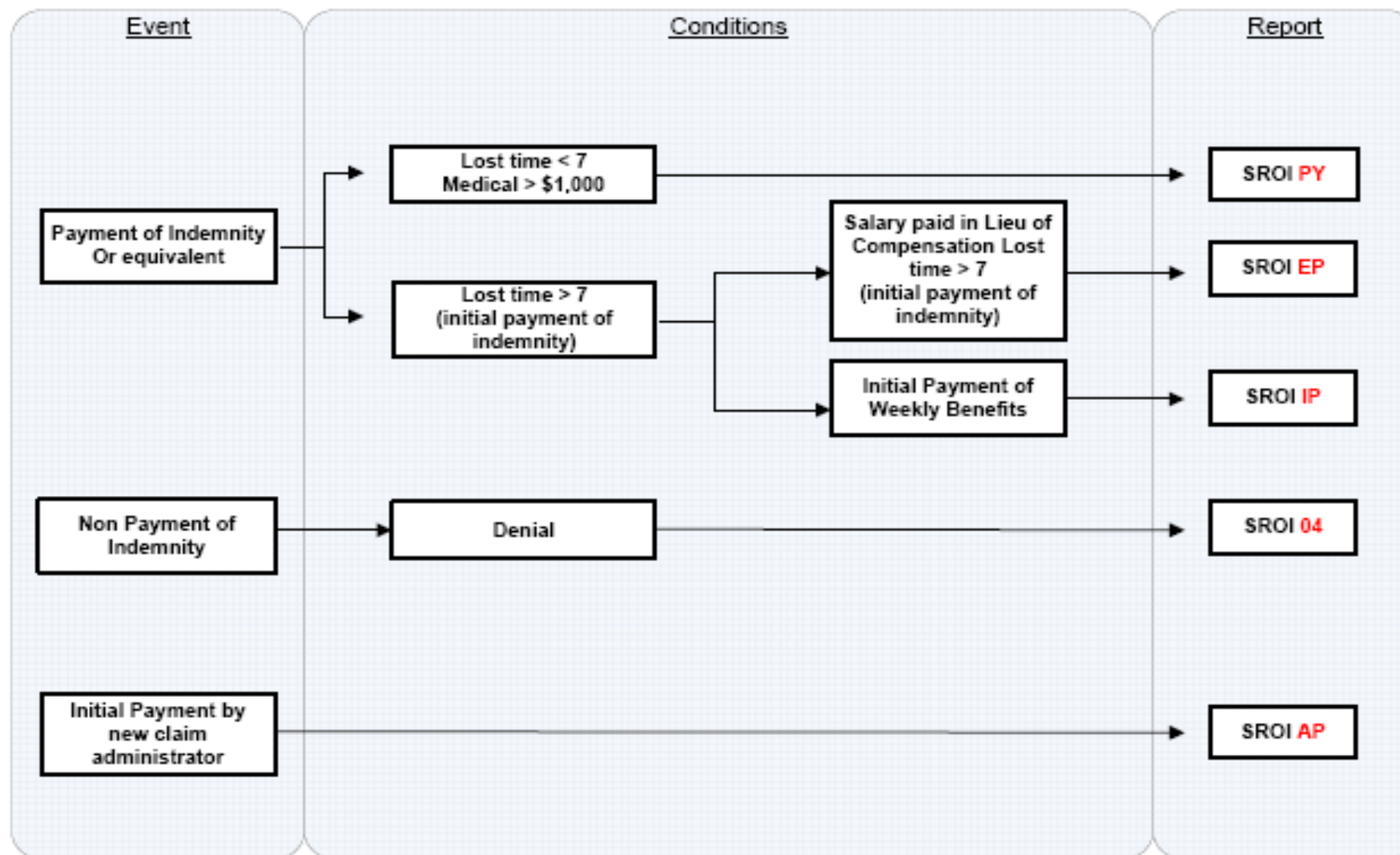
* Please supply most recent data when reporting. For changes to "master" data, use the FROI 02 "Change" request

Group 1: Establish or Acquire Claim



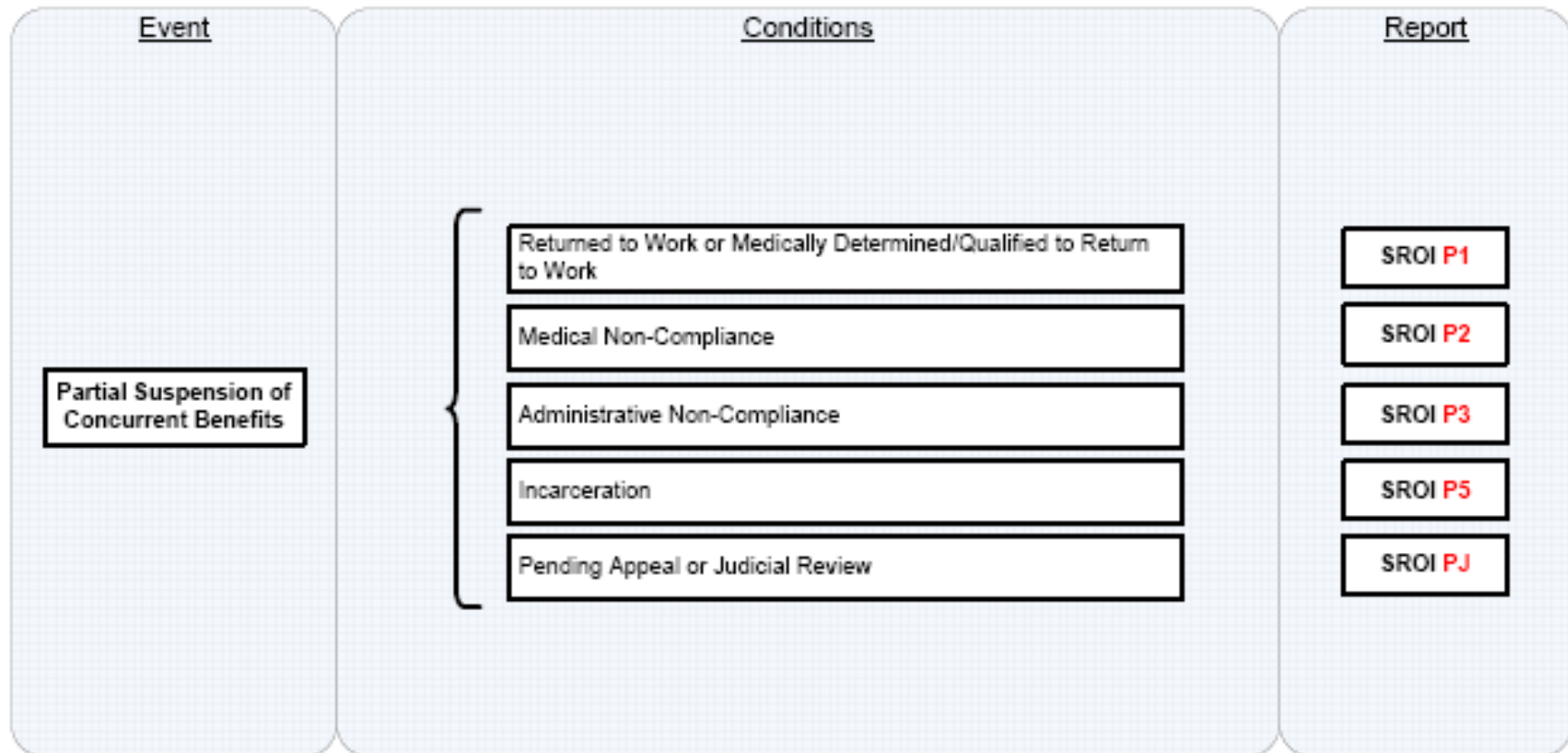
CLAIM EVENT FLOW – GROUP 2

Group 2: Initial Payment or Equivalent

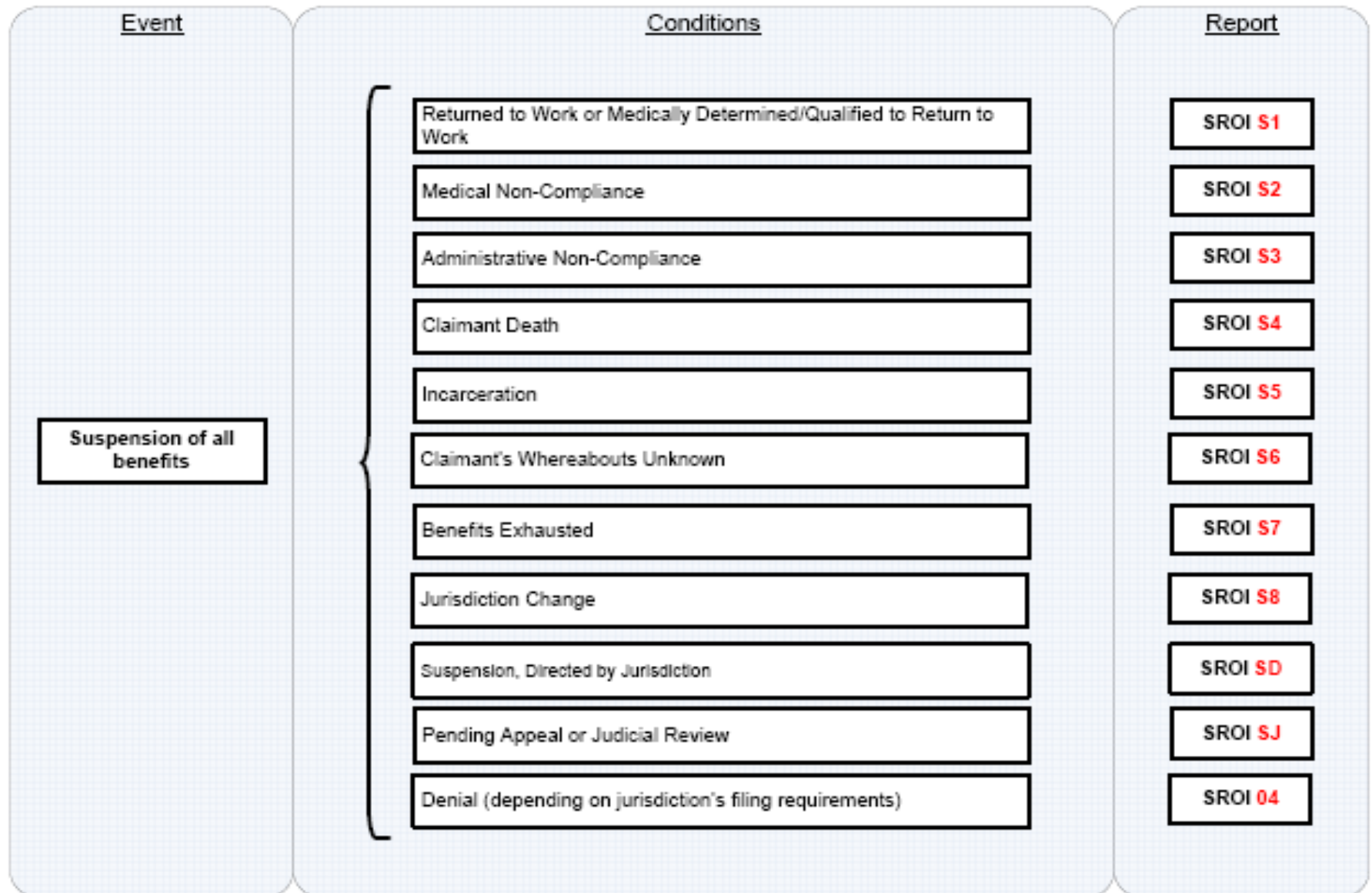


Group 3: Partial Suspension

The suspension of partial benefits may occur numerous times during the life of the claim for concurrent benefits. In Virginia, only partial and permanent partial benefits may be paid concurrently. A "partial suspension" would report a suspension of the temporary benefit and the continuance of the permanent benefit. Must follow a EP, IP or AP

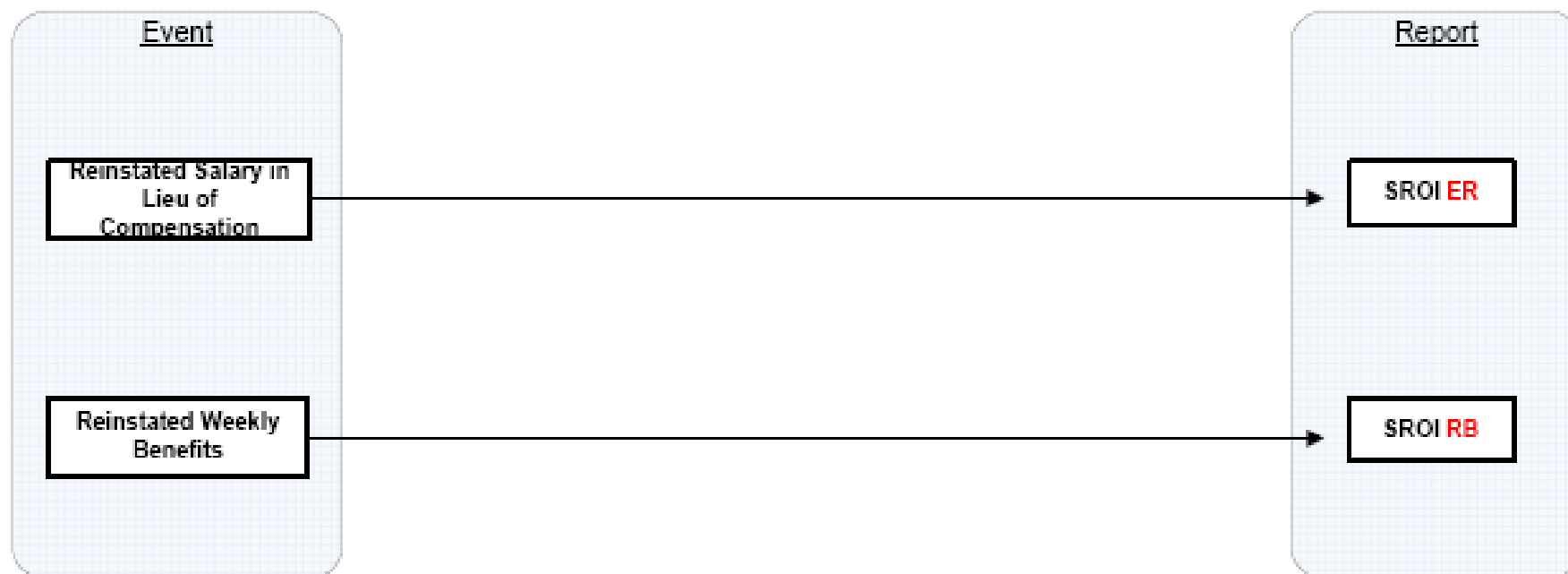


Group 4: Suspension of all Indemnity Benefits



Events 5, and 6 can occur multiple times during the life of the claim. However, once Event 5 occurs, Event 6 must occur before 5 can occur again. Note: Jurisdiction must be able to recognize previously reported starting and stopping of benefits.

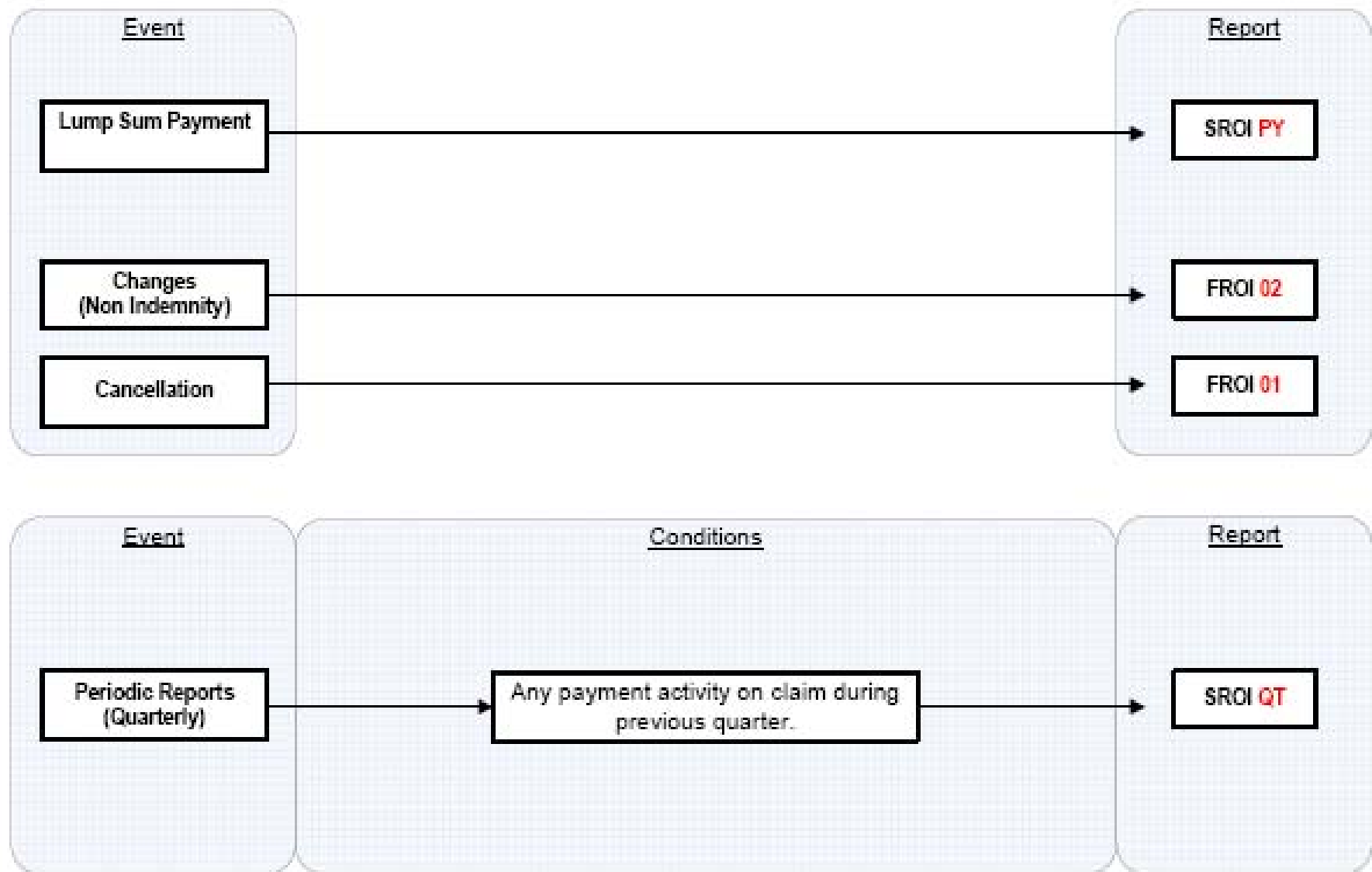
Group 5: Resumption of Benefits



Group 6: Suspension of Resumed Benefits

Refer to Group 4: Suspension of Benefits

Group 7 - 10: File Anytime After First Report



FROI KEY EVENTS MATRIX

Event	FROI							When to Report (Calendar Days From Notification)
	UR	00	01	02	04	AQ	AU	
Employee accident results in Lost Time > 7 Days		●						10
Employee accident results in medical expense > \$1,000		●						10
Employee accident involving Employee Death		●						10
Employee suffers a Permanent Disability		●						10
Employees injury classified as minor (filing reduced data set)	●							30
Employees injury reclassified as major (UR previously filed)		●						Immediate
Employee suffers a Minor Injury (filing full documentation)		●						10
Employee reports an injury which is disputed by employer		●						10
CA denies the entire compensability of the claim (no prior FROI 00)					●			10
CA discovers that claim was filed in error			●					Immediate
CA determines a change in one or more data elements is required				●				Immediate
CA acquires an open claim (both Major and Minor)						●		10
An error occurred submitting an AQ (AQ rejected by the VWC).							●	30
Note: "Major injury" is an injury which meets any of the following criteria: 1. Lost time or partial disability exceeding seven days. 2. Medical expenses exceeding \$1,000. 3. Any denial of compensability. 4. Any disputed issues. 5. An accident that results in death. 6. Any permanent disability or disfigurement. 7. Any specific request made by the commission. "Minor injury" is an injury that meets none of the above criteria.	Possible Subsequent transactions (FROI/SROI)							
	00	S-04	Determined by Previous non-02	Determined by Previous non-02	00	02	02	
	01	01			02	01	01	
	02	02			01	AQ	AQ	
	AQ	AQ			AQ	AU	AU	
	AU	AU			AU	S-04	S-04	
	S-04	IP				AP	AP	
		EP				PY	PY	
		PY						

SROI KEY EVENTS MATRIX

Event	SROI																		When to Report (Calendar Date From Notification)	Please Remember Paper form required with filing
	04	AP	EP	ER	IP	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	SD	SI	QT		
CA denies claim after Major Injury Claim Established	●																		Immediate	20 Day Order
First payment processed for Acquired Claim		●																	Immediate	Agreement Form
Lost time injury occurs, employer pays benefits			●																10	Agreement Form
Employer is reinstating indemnity following suspension				●															Immediate	Agreement Form
CA pays first payment on a claim after submitting 00					●														10	Agreement Form
Cumulative Medical > \$1,000 has been paid (No previous IP, EP, or AP)						●													10	Agreement Form
Order or opinion for a lump sum payment is issued						●													Immediate	
CA Reinstating benefits which were previously suspended							●												Immediate	Agreement Form
Employer's request for hearing rejected							●												Immediate	
Suspension of Benefits	Employee Returned to Work							●											Immediate	*
	Employee Determined Qualified to RTW							●											Immediate	*
	Medical Non-Compliance								●										Immediate	*
	Administrative Non-Compliance									●									Immediate	*
	Claimant Death										●								Immediate	*
	Incarceration											●							Immediate	*
	Whereabouts Unknown												●						Immediate	*
	Benefits Exhausted													●					Immediate	*
	Jurisdiction Change														●				Immediate	*
	Judicial order or opinion to suspend															●			Immediate	*
	Pending Appeal or Judicial Review																●		Immediate	*
Payment made during the current quarter and SROI on file																			Quarterly based on the date of injury. Due 45 days from end of quarterly period.	
Possible Subsequent transactions																				
00 02 02 02 02 02 02 02 02 02 02 02 02 02 02 02 02 02 02 02																				
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* = Additional Forms required for Suspension of Benefits:
Termination of Wage Loss Award (46) - Filed if agreement reached between employer and employee.
Employer Application for Hearing - Filed if a hearing is necessary to settle Claim.

FROI – MAINTENANCE TYPE CODES (MTC)

First Report of Injury maintenance type codes required by the Virginia Workers' Compensation Commission:

MTC	Name	Purpose/When To File
FROI 00	Original	The original/initial first report, including the re-transmission of a first report that was rejected due to a critical error or a claim that was previously cancelled.
FROI AU	Acquired/Unallocated	The equivalent of an initial first report (MTC 00) filed by new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Event Table, or when the acquiring claim administrator is reopening a claim that was previously cancelled.
FROI 01	Cancel	Cancels entirely a first report that was sent in error.
FROI 02	Change FROI	Allows the claim administrator to change or update a relevant data element in a claim record.
FROI 04	Full Denial FROI	The original/initial first report transmitted for a claim that is being denied in its entirety, including the re-transmission of a first report that was rejected due to a critical error or a claim that was previously cancelled.
FROI AQ	Acquired Claim	Indicates a new claim administrator has acquired the claim.
FROI UR	Upon Request FROI	The original/initial first report for an accident classified as a minor injury.

SROI – MAINTENANCE TYPE CODES (MTC)

Subsequent Report of Injury maintenance type codes required by the Virginia Workers Compensation Commission are included below:

MTC	Name	Purpose/When To File
SROI 04	Full Denial	The entire claim is being denied after any FROI or any SROI has been filed.
SROI AP	Acquired/Payment	The claim administrator who acquired the claim has processed their first payment of indemnity benefits.
SROI EP	Employer Paid	The first report of payment of an indemnity benefit other than a lump sum payment/settlement that has been paid by the employer in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.
SROI ER	Employer Reinstatement	The employer has resumed paying the injured employee's salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.
SROI IP	Initial Payment	A claim administrator has issued the first payment of an indemnity benefit other than a lump sum payment/settlement.
SROI P1	Partial Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	Payment(s) of one concurrent indemnity benefit have stopped because the injured employee has returned to work, and payment(s) of other indemnity benefits continues.
SROI P2	Partial Suspension, Medical Noncompliance	Payment(s) of one concurrent indemnity benefit have stopped because of medical non-compliance, and payment(s) of other indemnity benefits continues.
SROI P3	Partial Suspension, Administrative Non-Compliance	Payment(s) of one concurrent indemnity benefit have stopped because of administrative noncompliance, and payment(s) of other indemnity benefits continues.
SROI P5	Partial Suspension, Incarceration	Payment(s) of one concurrent indemnity benefit have stopped because the employee has been incarcerated, and payment(s) of other indemnity benefits continues.
SROI PJ	Partially Suspended (Pending Judge Appeal or Judicial Review)	Payment(s) of one concurrent indemnity benefit have stopped pending appeal or judicial review and payment(s) of other indemnity benefits continues.
SROI PY	Payment Report	Identifies lump sum payment/settlement reports OR jurisdiction required reporting of the first payment of Other Benefit Type Codes for medical, funeral, penalty and attorney fees. This is not to be used for monitoring ongoing payments.

MTC	Name	When To File
SROI RB	Reimbursement of Benefits	Indemnity payments previously paid by the claim administrator have been resumed by the claim administrator, but the reinstated benefit type may or may not have been paid previously.
SROI S1	Suspension, Returned to Work or Medically Determined Qualified to Return to Work	All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.
SROI S2	Suspension, Medical Non - Compliance	All payments of indemnity benefits have stopped because of medical non-compliance.
SROI S3	Suspension, Administrative Non-Compliance	All payments of indemnity benefits have stopped because of administrative non-compliance.
SROI S4	Suspension, Claimant Death	All payments of indemnity benefits have stopped because the employee has died.
SROI S5	Suspension, Incarceration	All payments of indemnity benefits have stopped because the employee has been incarcerated.
SROI S6	Suspension, Claimant's Whereabouts Unknown	All payments of indemnity benefits have stopped because the employee's whereabouts are
SROI S7	Suspension, Benefits Exhausted	All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.
SROI S8	Suspension, Jurisdiction Change	All payments of benefits for the jurisdiction receiving the S8 have stopped because the jurisdiction has been changed. The jurisdiction receiving the S8 should mark their claim as closed.
SROI SD	Suspension, Directed by Jurisdiction	All payments of indemnity benefits have stopped per jurisdiction order.
SROI SJ	Suspension, Pending Appeal or Judicial Review	All payments of indemnity benefits have stopped pending appeal or judicial review.
SROI QT	Quarterly Periodic Report	Quarterly Report of claim information

WebFile ACCESS

The **WebFile** system is set up with two levels of permissions. Review the descriptions below to determine which access role applies to you.

Claim Administrator

Description:

From the Commission's standpoint, a Claim Administrator is an organization which is recognized by the Commission as legally able to access and view Workers' Compensation Claim records. A Claim Administrator may be an Insurance Carrier, Third Party Administrator, or a Self-Insured Employer. Self-Administered entities act as their own Claim Administrator (organization).

WebFile Claim Administrators who work on behalf of sub-100 filers have rights to submit FROI and SROI transactions.

- An organization can have multiple Claim Administrators
- At least one member of the Claim Administrator organization will also serve as a Site Administrator
- Employees of the Claim Administrator's organization are "users" under the Claim Administrator's account.

Responsibility: The Claim Administrator will

- Submit FROI and SROI transactions (only if approved as a FROI/SROI filer)

Beginning April 2009, all Claim Administrators can

- Access and View Claim Records via **WebFile**
- Upload relevant documentation

Site Administrator

Description:

The Site Administrator is an employee of an approved Claim Administrator who is accountable for managing access to the Commission's **WebFile** system.

Responsibilities: The Site Administrator will

- Manage all access requests from within own organization, and agree not to grant access to non-employees (access requests from third parties must be managed by the approved Site Administrator from each organization desiring access)
- Manage the user list (add, delete, modify), including password resets
- Communicate with the Commission to ensure current **WebFile** access matches approvals granted by Site Administrator
- Serve as the primary point-of-contact between the Commission and own organization on all matters related to **WebFile**
- Designate a backup Site Administrator
- Use the Commission's dedicated e-mail channel, webfilesupport@vwc.state.va.us, as the means to send questions and comments related to **WebFile**

Requesting Access

If you need to be set up as a Site Administrator, send an e-mail to WebFilesupport@vwc.state.va.us and include the following information:

- Justification for request (including 2008 non-minor claim volume)
- E-mail address
- Your first and last name
- Your phone number
- List of FEINs on whose behalf you will be submitting claims

Other employees of Claim Administrators: You must request **WebFile** access through your organization's Site Administrator.

MAINTAIN FEIN INFORMATION

Attention Site Administrators: Within **WebFile**, names and addresses are associated with FEINs. If the information that displays in **WebFile** is incorrect, or if you need to update your organizations list of FEINs, submit a request via e-mail with the correct information to WebFileSupport@vwc.state.va.us .

WebFile SECURITY

The **WebFile** system has security protocols to help ensure that information remains confidential. Currently only users who will be submitting or managing claims will have permissions to view or update claims.

LOGON USERNAME

The logon username is the user's e-mail address. The e-mail address is also the data used to identify who created and has rights to update claim information.

The logon username cannot be changed to be anything other than another e-mail address. If your e-mail address changes and you wish to update your profile, have your Site Administrator contact the Commission through webfilesupport@vwc.state.va.us.

PASSWORDS

All users are required to use a password along with the logon username. The initial password will be set up by VWC. The user will then set up a new password at the time of registration.

Password Criteria

- **Must contain one special character (ie. @, #)**
- **Must be at least 8 characters in length**
- **Must have at least one number**
- **Must have at least one letter**
- **Must not have been used within the previous 12 months**

****Passwords expire every 90 days***

TIMEOUT FEATURE

The system has been set up with a 30 minute timeout feature. If there is no activity within 30 minutes, the user will receive a message notifying them that they need to log back in.



When entering FROI or SROIs, we recommend you save partial reports often. Entering data is still viewed by the system as being idle – users who take longer than 30 minutes to enter report data will be automatically logged off of the system, and all data not saved will be lost.

ACCESSING A CLAIM

This module covers ways you are associated with a claim as a claim adjuster. Only one person can be associated with a claim at a time. The person assigned to the claim should be the adjuster and the adjuster's manager can view the claim and act upon it if required.

Applicable Roles: Claim Administrator, Claim Administrator Manager, Claim Administrator Sub 100

There are three ways you are associated with a claim as a claim administrator

1. Claims originated through *WebFile*

Originating a claim through the **WebFile** claim submission process will automatically associate the originator with the claim as the claim adjuster. This is only available to Sub 100 filers.

As a claim adjuster please see [HOW TO INITIATE A CLAIM IN *WebFile*](#)

2. Manager assignment of a claim through *WebFile*

Your manager can associate you with a claim through *WebFile*. The claim administrator manager role can view and assign/unassigned claims as well as re-assign claims as necessary.

To assign a claim to a different management group, a manager can remove assignment of that claim which will allow all other managers to see it. The claim can then be assigned to someone in a different manager's group.

As a claim administrator manager please see [ASSOCIATE CLAIM ADMINISTRATOR MANAGERS WITH NON MANAGERS](#) for an overview of this process.

3. SROI transaction

You can be associated with a claim through the submission of a SROI transaction either through EDI or through **WebFile** which identifies you as the claim administrator. You must be registered as a claim administrator within **WebFile**. Your company's FEIN combined with your email/login will be utilized to associate you with the claim. If the e-mail address entered was invalid or that person does not have a **WebFile** account, the claim will become unassigned. This will overwrite any manual assignments that have been made by managers in **WebFile**.

As a claim adjuster please see [HOW TO SUBMIT ADDITIONAL REPORTS FOR AN EXISTING CLAIM](#)

Your ability to view a claim can be removed in the following ways

- A SROI transaction was submitted, which associated the claim with another Claim Administrator.
- Your manager re-assigns the claim that was previously assigned to you through *WebFile*.



If you have issues with viewing a claim please contact your claim administrator manager or site administrator for assistance.

LOG IN AND REGISTRATION

This module covers the procedure for logging into *WebFile* for the first time and completing the registration steps. The registration step is required in order to be able to view claims and submit FROI/ SROIs online.

Registration is only required the first time a user logs in.



Whether you are a Site Administrator or an individual employed by a Claim Administrator you should have received your logon and temporary password via e-mail. If you have not, then contact your organization's Site Administrator. If you are the Site Administrator, then submit an e-mail to webfilesupport@vwc.state.va.us.

Applicable Roles: Site Administrator, Claim Administrator User

Prerequisite Actions: User has been set up in system and a confirmation e-mail has been sent.

Business Scenario: User has received e-mail with logon and temporary password.

1. Go to new website at: <https://webfile.workcomp.virginia.gov>
2. Log into *WebFile*



3. Enter login username and password

4. Because this is your first time logging in, you will need to complete the registration page



This symbol  next to a field indicates a required field.

5. Set up a new password. Makes sure to create a password that is at least 8 characters in length, has at least number, at least one letter, at least one special character, and no spaces. The password is not re-usable to 12 months.



Passwords will expire after 90 days. If you have not reset your password before it expires you will need to contact your Site Administrator.

Site Administrators will need to submit an e-mail to WebFileSupport@vwc.state.va.us

6. The next three fields capture responses to questions that will assist you in case you are ever locked out of the system or forget your password.

7. Pick a question and then supply responses in answer fields
8. Enter your information
 1. Enter first name
 2. Enter last name
 3. Enter address



The address is validated against the US Postal Service database. A valid address is required for registration.

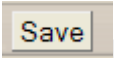
9. Review the Terms and Conditions by clicking on the words “**Terms and Conditions**” at the bottom left hand corner.

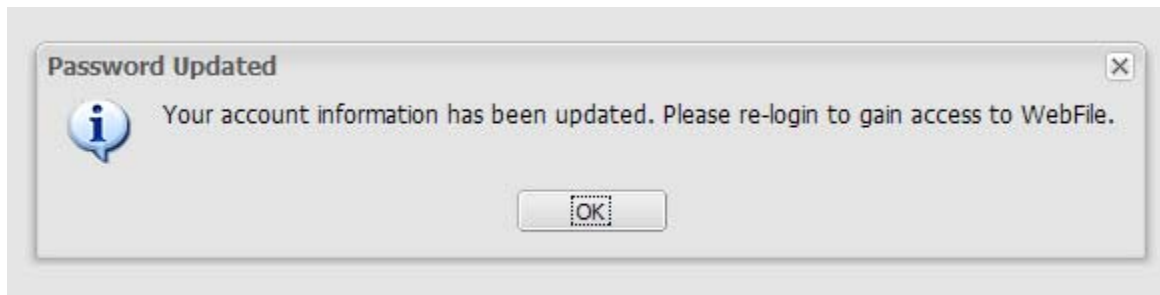
☐ Check this box to accept **Terms and Conditions**

10. After reviewing, check the box to accept the terms



The user will be asked to re-accept terms and agreements if the terms are changed significantly and/or user forgets password and request a reset.

11. Click the  button



Once saved, you will be directed to the main page, where you will need to log back in using your new password.

RESET YOUR PASSWORD

This module covers how to reset your password. The directions differ based on your scenario. Scenario 1 is for forgotten or expired passwords. Scenario 2 is for voluntarily resetting your password.

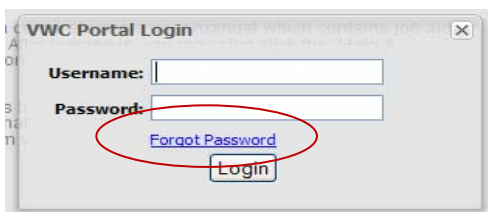
Applicable Roles: Claim Administrator User, Site Administrator

Prerequisite Actions: User has been set up and has registered in *WebFile*.

Business Scenario 1: User forgot his password or it has been 90 days and password has expired.

When the log in screen displays, you have the option to request a new password yourself.

1. Click on FORGOT PASSWORD



2. You will be asked to enter your Logon Username. Click SUBMIT



3. You will need to answer the three security questions you completed when you first registered.



4. Once you have entered your answers. Click SUBMIT

5. A confirmation message will appear.



6. You will receive an e-mail with a temporary password.
7. When you login you will be required to re-register.



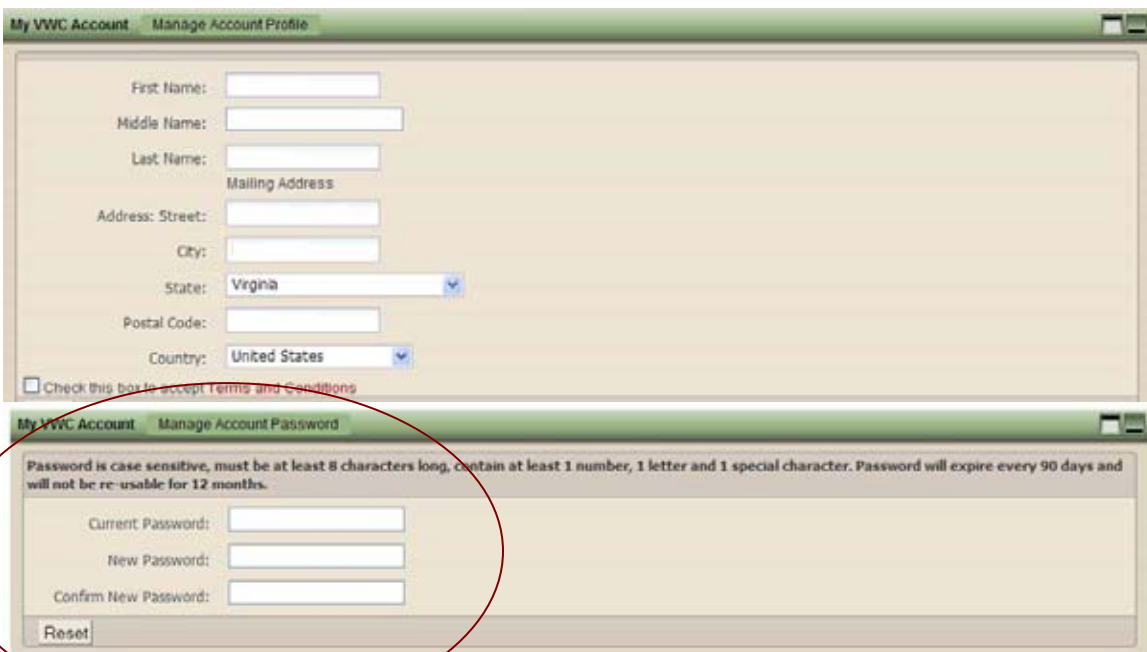
If you cannot remember the answers to your security questions then contact your Site Administrator.

Business Scenario 2: User logs in with current password which has not expired but wishes to reset it.

1. From the main *WebFile* menu, click on Manage Profile



2. Manage Account Profile screen will display

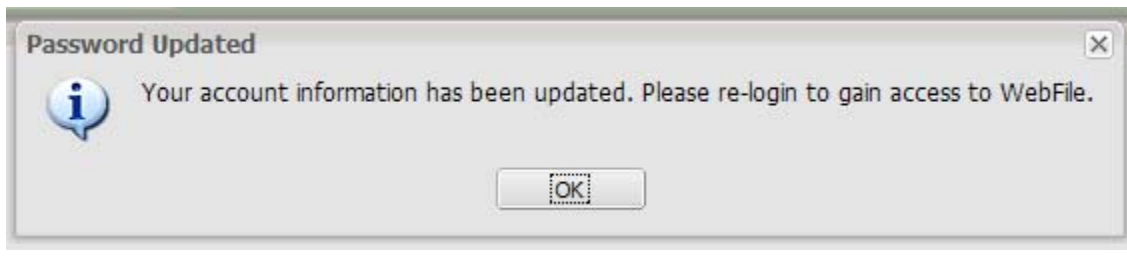


3. Scroll down to the “Manage Account Password” section
4. Enter current password, then new password twice.



Makes sure to create a password that is at least 8 characters in length, has at least one number, has at least one letter, has at least one special character, and has no spaces. The password is not re-usable to 12 months.

5. Click RESET.



6. Click OK to return to main *WebFile* page.
7. You will need to log back in with the new password.

UPDATING YOUR USER PROFILE

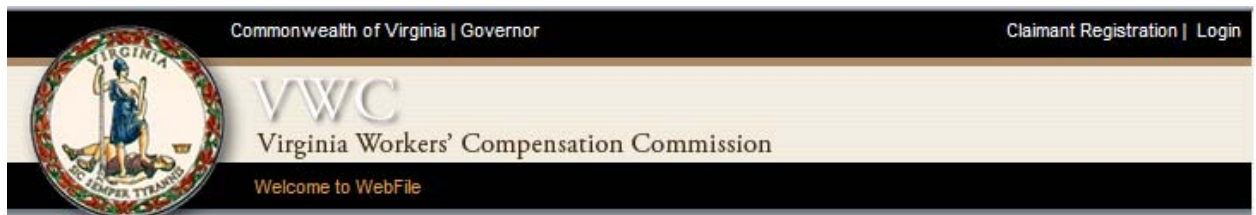
This module covers the steps for updating your own personal profile. The Site administrator has permissions to modify a Claim Administrator user's account; instructions for that process are in a later module.

Applicable Roles: Claim Administrator User, Site Administrator

Prerequisite Actions: User has been set up and has registered in *WebFile*.

Business Scenario: User needs to update address originally set up during registration process.

1. Go to new website at: <https://webfile.workcomp.virginia.gov>
2. Log into *WebFile*



3. Enter login id and password

The screenshot shows a "VWC Portal Login" window. It has a title bar with a close button (X). Inside the window, there are two input fields: "Email:" and "Password:". Below the password field is a link that says "Forgot Password" in purple text. At the bottom right of the form is a "Login" button.

4. From the main *WebFile* menu, click on Manage Profile



5. Manage Account Profile screen will display

My VWC Account Manage Account Profile

First Name:

Middle Name:

Last Name:

Mailing Address

Address: Street:

City:

State:

Postal Code:

Country:

☐ Check this box to accept [Terms and Conditions](#)

6. Make whatever changes are necessary
7. Check the box to accept the Terms and Conditions
8. Click SAVE
9. A confirmation page will display

Your location: My VWC Account

My VWC Account Manage Account Profile

Successful Registration

Thank you for updating your account information.

[Back to Manage Profile](#)

CREATING A NEW CLAIM ADMINISTRATOR USER IN *WebFile*

This module covers the procedure for creating or setting up a new Claim Administrator in *WebFile*. Claim Administrators should be created by each organization's Site Administrator.



If your organization does not have a designated Site Administrator with access to *WebFile*, please submit an e-mail to WebFilesupport@vwc.state.va.us.

A CLAIM ADMINISTRATOR role is recognized by the commission as legally able to submit Workers' Compensation Claim Records. A Claim Administrator may be an Insurance Carrier, Third Party Administrator, or a Self-Insured Employer. A Self-Administered entity acts as its own Claim Administrator.

Applicable Roles: Site Administrator

Prerequisite Actions: You have been set up as a Site Administrator by the VWC. You have logged in and completed the registration process.

Business Scenario: A request to set up an employee with permissions to submit claims on *WebFile* is received. You will need the user's first, last name, e-mail address, business address, and manager status.

1. Go to new website at: <https://webfile.workcomp.virginia.gov>
2. Log into *WebFile*



3. Enter login User Name and password

VWC Portal Login

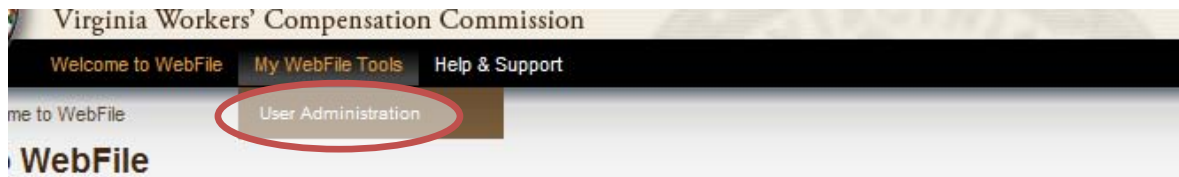
Email:

Password:

[Forgot Password](#)

Login

4. Select "User Administration" from the menu option



5. Search screen will display

The screenshot displays the 'WebFile Admin User Management' search interface. It features a 'Search for WebFile User:' section with input fields for 'Email:', 'Last Name:', and 'User Status:' (set to 'All'). Below these fields are buttons for 'Search', 'View All', and 'New'.

6. Click on NEW to add new user

7. User set up screen will display

The screenshot shows the 'Create New WebFile User' screen. It includes fields for 'Name' (Email, First Name, Middle Name, Last Name) and 'Address' (Address 1, City, State, Zip Code, Country). The 'State' is set to 'Virginia' and 'Country' is 'United States'. There are checkboxes for 'Sub-100 Filer?' and 'Manage', and a 'Status' dropdown set to 'Current User'. At the bottom, there are two lists: 'Available Managers' (Paige, Jimmie; Bonham, John) and 'Assigned Managers'. A 'Cancel' button and a 'Save' button are at the bottom.

This symbol  next to a field indicates a required field.

8. Enter required information



The e-mail address will become the Username that the user will use to log in.

9. Check the manager box if the user has Claim Administrators reporting to them . Assigning non managers to managers will be covered in [ASSOCIATE CLAIM ADMINISTRATOR MANAGERS WITH NON MANAGERS](#)
10. Click the “SAVE” button
11. An e-mail with the user id and password will be generated and sent to e-mail provided for user.

SEARCH AND ACCESS A CLAIM ADMINISTRATOR USER'S PROFILE

This module covers the procedure for searching for current Claim Administrator user's under your organization. This is useful as a way of auditing who has access, verifying that a user is not set up more than once, modifying an existing user's profile or resetting a password.



A CLAIM ADMINISTRATOR should be deactivated if the user is no longer eligible to view claims or submit FROI/ SROI transactions. If the user violates the Terms and Conditions, VWC also has the right to deactivate access.

Applicable Roles: Site Administrator

Prerequisite Actions: You have been set up as a Site Administrator by the VWC. You have logged in and completed the registration process.

Business Scenario: Site Administrator wants to find a specific *WebFile* user

1. Go to new website at: <https://webfile.workcomp.virginia.gov>
2. Log into *WebFile*
3. Select "User Administration" from the menu option



4. Search *WebFile* screen will display


5. Enter either the users USER ID or the LAST NAME
 - If not sure then click the VIEW ALL button
6. Click on search

7. Search Results screen will display

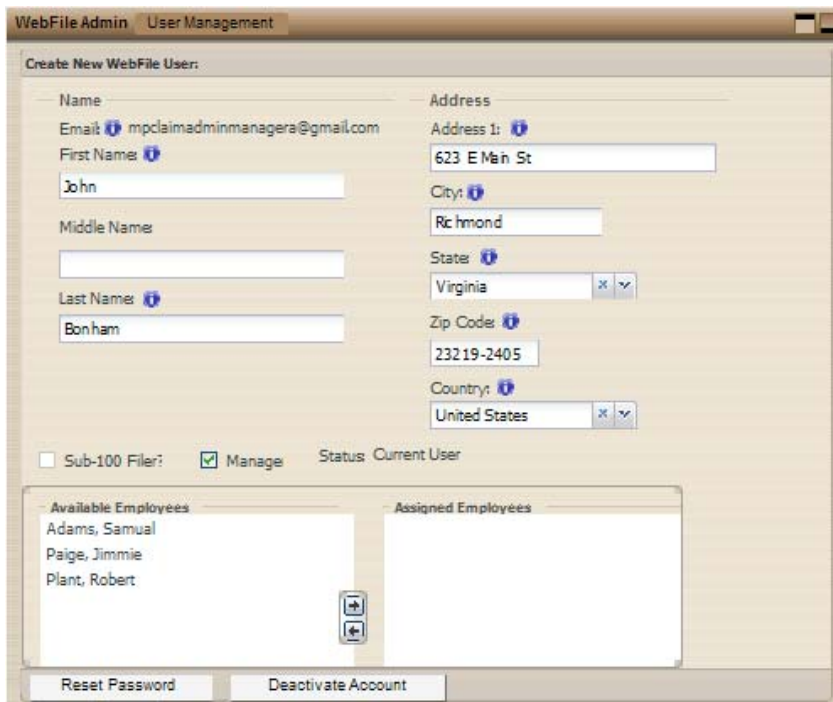


The screenshot shows the 'WebFile Admin' window with the 'User Management' tab selected. The 'WebFile User Search Results:' section displays a table with columns: Email, Name, Role, Status, Manager?, Locked?, Registered?, and an 'Edit' link. Below the table are 'Back to Search' and 'New' buttons.

Email	Name	Role	Status	Manager?	Locked?	Registered?	
mpclaimadmin@gmail.com	Robert Plant	Claim Administrator	Current User	N	N	Y	Edit
mpclaimadminmanager@g...	Jimmie Paige	Claim Administrator	Current User	Y	N	Y	Edit
mpclaimadminmanagere@g...	John Bonham	Claim Administrator	Current User	Y	N	N	Edit
mpsitedadmin@gmail.com	Samual Adams	Claim Administrator	Current User	N	N	Y	Edit

 Selecting View All from the search screen provides a view of all employees within your organization. You can use this to gain visibility to all claim administrators and claim administrator managers within you organization. The listing can be sorted by by Manager? (Y/N).

8. If the user you wish to edit is on the search results list then click EDIT option
9. If user is not in list then either click BACK to SEARCH and try again or click NEW to add user
- To view instructions for adding a new user click [here](#).
10. User information will display



The screenshot shows the 'WebFile Admin' window with the 'User Management' tab selected. The 'Create New WebFile User:' section contains a form for adding a new user. The form includes fields for Name, Email, First Name, Middle Name, Last Name, Address, City, State, Zip Code, and Country. There are also checkboxes for 'Sub-100 Filer?' and 'Manage', and a 'Status' dropdown set to 'Current User'. At the bottom, there are two lists: 'Available Employees' and 'Assigned Employees', with buttons to move users between them. At the very bottom are 'Reset Password' and 'Deactivate Account' buttons.

Create New WebFile User:

Name: Address:

Email: Address 1:

First Name: City:

Middle Name: State:

Last Name: Zip Code:

Country:

☐ Sub-100 Filer? ☒ Manage Status: Current User

Available Employees: Adams, Samuel
Paige, Jimmie
Plant, Robert

Assigned Employees:

Reset Password Deactivate Account

UPDATE A CLAIM ADMINISTRATOR USER'S ACCOUNT IN *WebFile*

This module covers the procedure for updating a Claim Administrator user's profile. Name and address can be updated, but a user's e-mail address cannot.



Since the user's e-mail address also acts as the logon id, the system will not allow for it to be updated. The logon id is also associated to the claims. Users will only be able to submit FROI/SROI documentation for claims they initiated. A future release will provide the ability to assign view access to related parties.

Business Scenario: User's address has changed

1. Access user's account

WebFile Admin User Management

Create New WebFile User:

Name

Email: mpclaimadminmanagere@gmail.com

First Name: John

Middle Name:

Last Name: Bonham

Address

Address 1: 623 E Main St

City: Richmond

State: Virginia

Zip Code: 23219-2405


Country: United States

☐ Sub-100 Filer? ☒ Manage Status: Current User

Available Employees: Adams, Samuel; Paige, Jimmie; Plant, Robert

Assigned Employees:

Reset Password Deactivate Account

2. Update necessary Information and then click 
3. Message indicating a successful save will display

WebFile Admin User Management

User: mpclaimadminmanagere@gmail.com saved.

WebFile User Search Results:

Email	Name	Role	Status	Manager?
mpclaimadmin@gmail.com	Robert Plant	Claim Administrator	Current User	N

ASSOCIATE CLAIM ADMINISTRATOR MANAGERS WITH NON MANAGERS

This module covers the functionality available for a site administrator associate managers and non-managers.



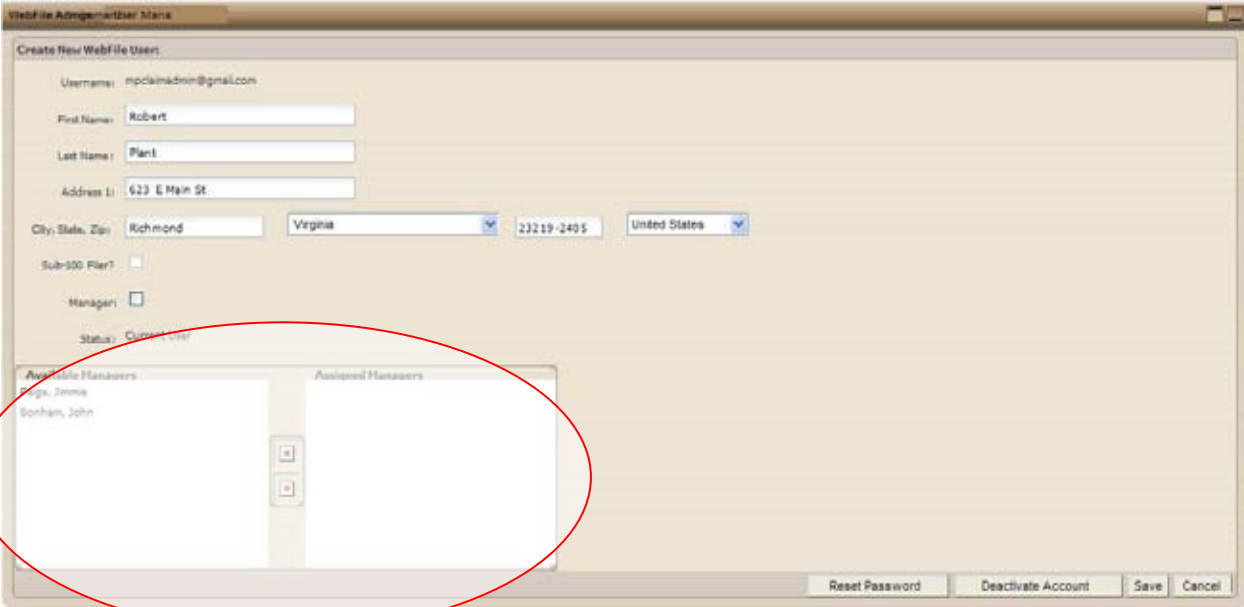
Managers are able to view all unassigned claims under the claim administrator and assign to their associated non-managers. The manager can also view and help manage claims assigned to their associated non-managers

Applicable Roles: Site Administrator

Prerequisite Actions: One or more claim administrators have been designated as a manager and one or more non manager claim administrators exist.

Business Scenario: Site administrator needs to establish management / employee relationship within **WebFile**.

Access User's Account



The screenshot shows the 'WebFile Administrator Manager' window with the 'Create New WebFile User' form. The form contains the following fields and options:

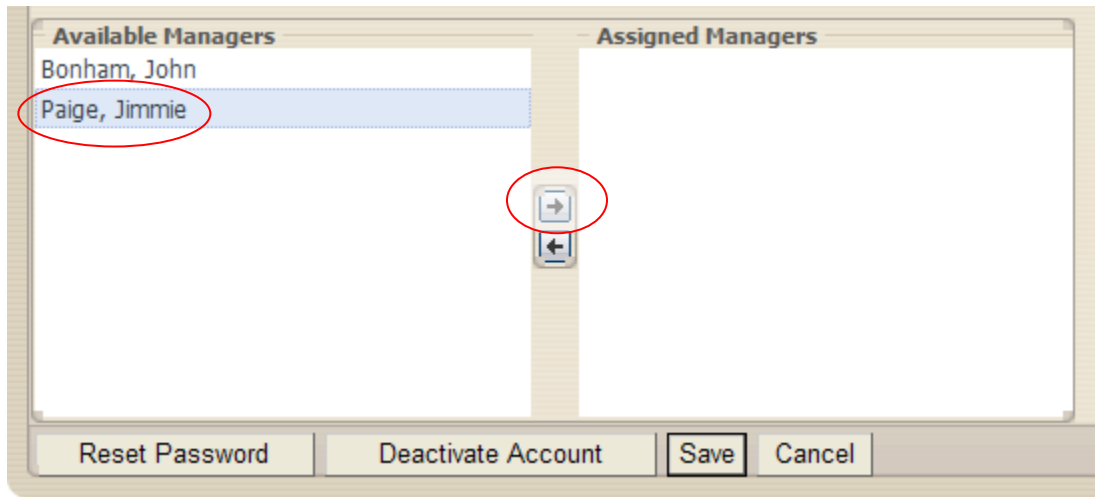
- Username: mpcclaimadmin@gmail.com
- First Name: Robert
- Last Name: Plant
- Address 1: 623 E Main St
- City, State, Zip: Richmond, Virginia, 23219-2495
- United States
- Sub-900 Filer? ☐
- Manager? ☐
- Status: Current user

At the bottom of the form, there are two sections: 'Associated Managers' and 'Assigned Managers'. The 'Associated Managers' section lists 'Dyke, Jimmie' and 'Sonham, John'. The 'Assigned Managers' section is empty. A red circle highlights these two sections.

Buttons at the bottom right: Reset Password, Deactivate Account, Save, Cancel

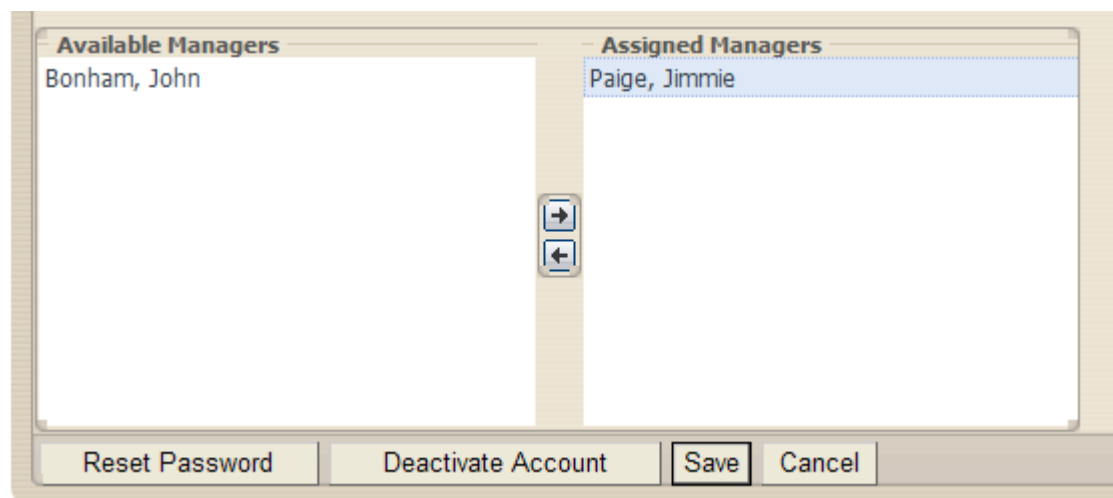
a) Associating a Manager to an Employee

When editing Claim Administrator non-manager (employee) you are presented with a listing of Available and Assigned Managers. Available managers are all Managers that are not already assigned to the user.



1. Select A manager to From Available Managers


2. Click 



3. The manager is now within the assigned managers.

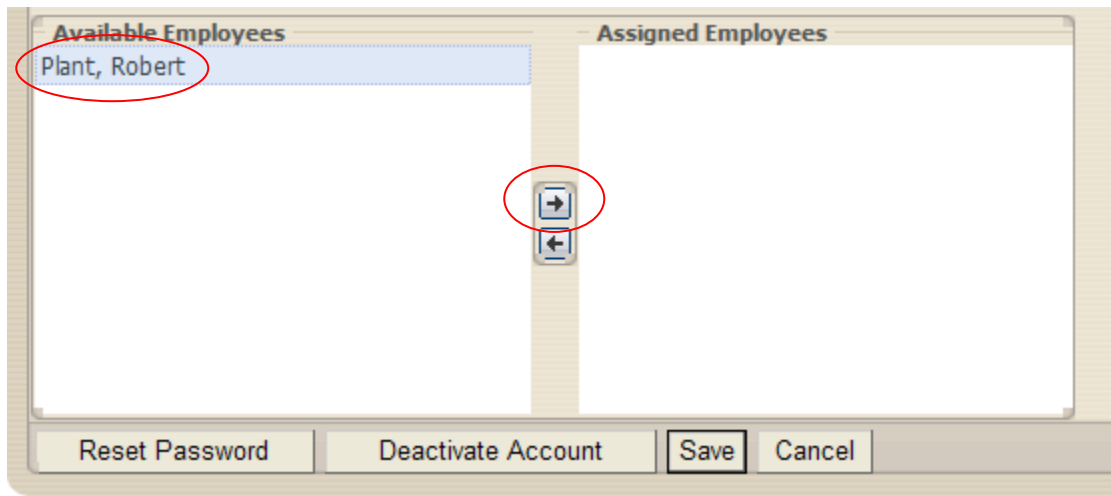
4. The manager can be removed by selecting the assigned manager and clicking 



You must click  to complete your change. If currently logged in, the User must log out and back in to see the changes made.

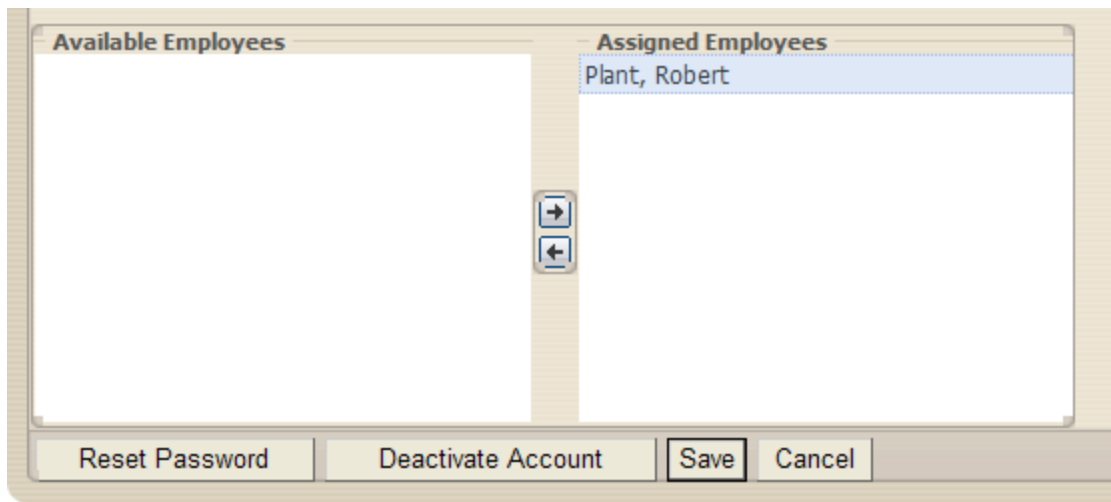
b) Associating a Employees to Managers

When editing Claim Administrator Managers you are presented with a listing of Available and Assigned Employees



5. Select an employee From Available Employees


6. Click 



7. The employee is now within the assigned employees.

8. The employee can be removed by selecting the assigned employee and clicking 



You must click  to complete your change. If currently logged in, the User must log out and back in to see the changes made.

RECOMMENDATIONS FOR SETTING UP MANAGER / EMPLOYEE RELATIONSHIPS

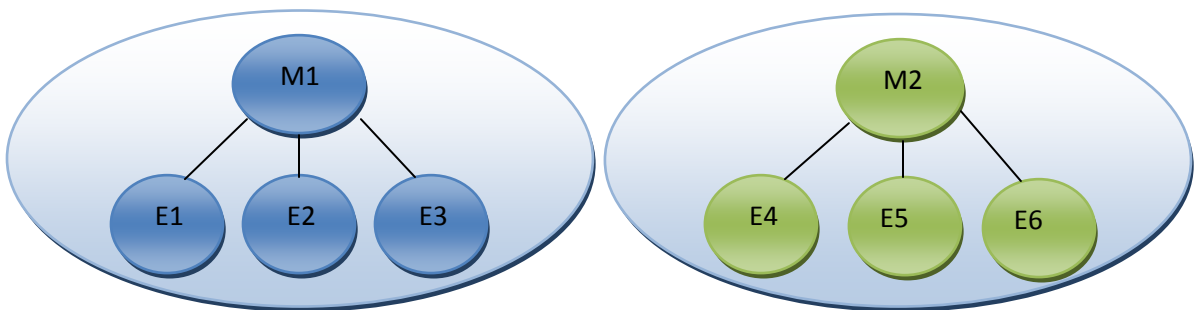
This module outlines recommendations for how Site Administrators may choose to structure Claim Manager – Claim Administrator Employee relationships within *WebFile*. These recommendations may or may not mirror the *actual* organizational structure and reporting relationships.



Properly organizing your Claim Manager – Claim Administrator Employee relationships within *WebFile* is key to ensuring the proper visibility and management of your organization's claims by the appropriate parties. Having this structure defined up front will clarify how best to make changes as transitions occur in your organization.

Geographically Dispersed Organization Model

Within this organization Claim Managers run independent units which may be in different geographic locations. This design enables Managers in each unit to manage and view a discrete set of Claim Administrator Employee claims.



M = Claims Manager E = Claim Administrator Employee

WebFile Claim Administrator Manager/Non Manager Association model

Manager One

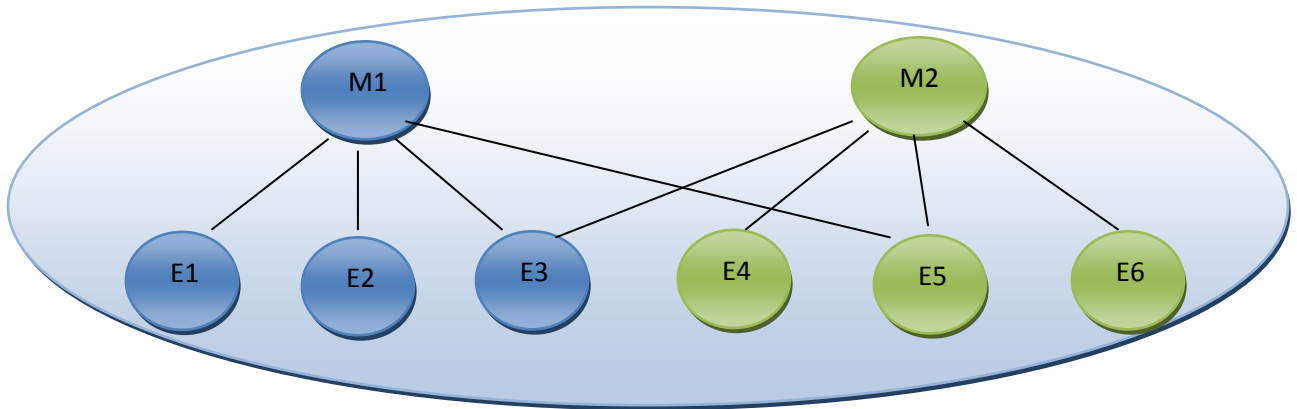
Available Employees	Assigned Employees
Employee, Six	Employee, One
Manager, Two	Employee, Three
Manager, Three	Employee, Two
Employee, Four	
Employee, Five	

Manager Two

Available Employees	Assigned Employees
Manager, One	Employee, Five
Manager, Three	Employee, Four
Employee, One	Employee, Six
Employee, Two	
Employee, Three	

Shared Floor Model

Within this organization, managers run partially shared units. Managers can view and manage those claims for their direct employees as well as employees of other managers, as appropriate.



In this scenario, the model allows the claims of some Claim Administrator Employees to be viewed by both Claim Managers, while others cannot be viewed (based on how they have been associated).

WebFile Claim Administrator Manager/Non Manager Association model

Manager One

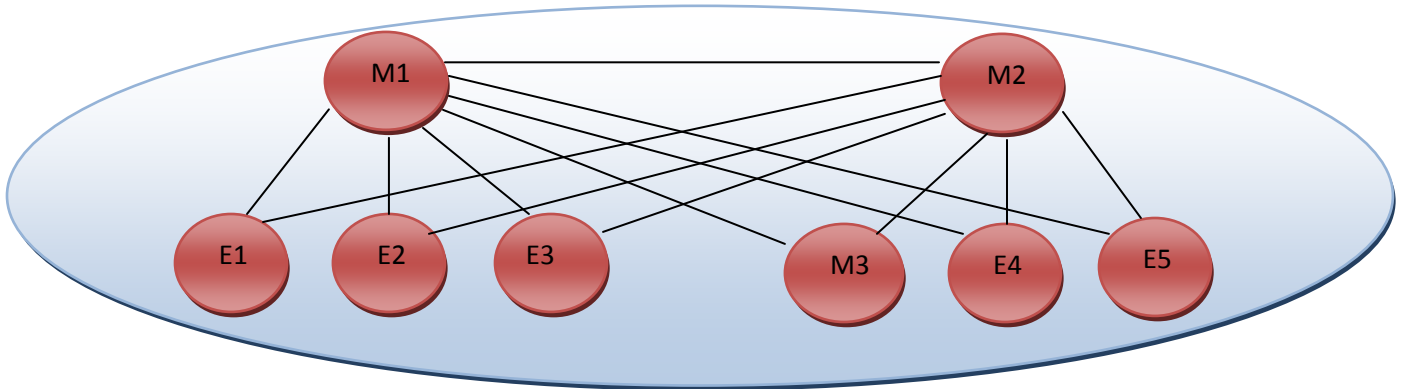
Available Employees	Assigned Employees
Employee, Six	Employee, Five
Manager, Two	Employee, One
Manager, Three	Employee, Three
Employee, Four	Employee, Two

Manager Two

Available Employees	Assigned Employees
Employee, One	Employee, Five
Employee, Two	Employee, Four
Manager, One	Employee, Six
Manager, Three	Employee, Three

Small Shop Model

Within this organization, all Claim Managers share ownership of all claims. Any manager can view and manage all claims within the organization.



This model allows all claims to be viewed by all Claim Managers. Also, Manager 2 can also see Manager 3's claims, since Manager 3 is **also** a Claim Administrator. Though not pictured here, neither Manager 1 nor Manager 2 **would be able to view** the claims of Manager 3's Employees, unless each Employee was assigned to Manager 1 and Manager 2 as well.

WebFile Claim Administrator Manager/Non Manager Association model

Manager One

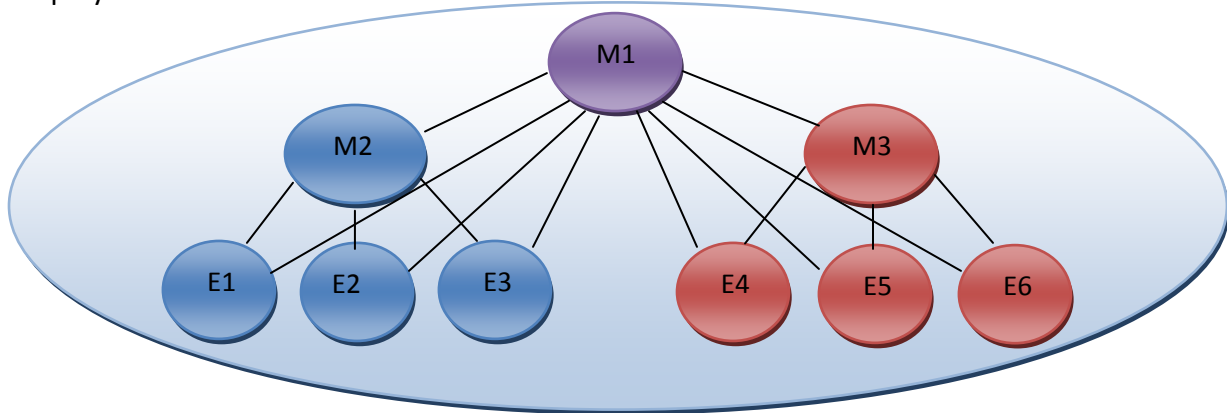
Available Employees	Assigned Employees
Manager, Two	Employee, Five
	Employee, Four
	Employee, One
	Employee, Six
	Employee, Three
	Employee, Two
	Manager, Three

Manager Two

Available Employees	Assigned Employees
Manager, One	Employee, Five
	Employee, Four
	Employee, One
	Employee, Six
	Employee, Three
	Employee, Two
	Manager, Three

Supervising Manager Model

Within this organization, there is a multi-tier Claim Management structure where a Supervising Manager can view his managers' claims. In effect, his managers are, from WebFile's perspective, considered Claim Administrator Employees just as with other non-manager employees.



This model allows Manager 1 to view all claims within the organization. Manager 2 and manager 3 can only see claims for their employees.

WebFile Claim Administrator Manager/Non Manager Association model

Manager One

Available Employees	Assigned Employees
	Employee, Five
	Employee, Four
	Employee, One
	Employee, Six
	Employee, Three
	Employee, Two
	Manager, Three
	Manager, Two

Manager Two

Available Employees	Assigned Employees
Employee, Five	Employee, One
Employee, Four	Employee, Three
Employee, Six	Employee, Two
Manager, One	
Manager, Three	

Manager Three

Available Employees	Assigned Employees
Manager, One	Employee, Five
Manager, Two	Employee, Four
Employee, One	Employee, Six
Employee, Two	
Employee, Three	

Additional Things to Consider During the Set Up Process

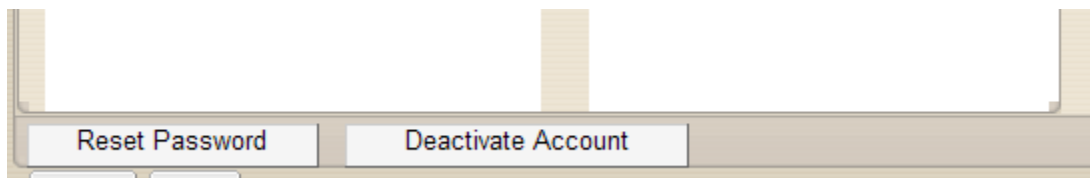
- Claim Manager – Claim Administrator Employee relationships can be changed temporarily in **WebFile** (to accommodate vacations or temporary leave), or permanently (to handle changes in your organization).
- Users can alter the “viewing rights” of a Claim Administrator by filing a FROI 01 (Change) transaction, and updating the Claim Administrator user name (e-mail address), which may alter a Manager’s viewing rights, based on how it has been structured.

PASSWORD RESET FOR A CLAIM ADMINISTRATOR USER

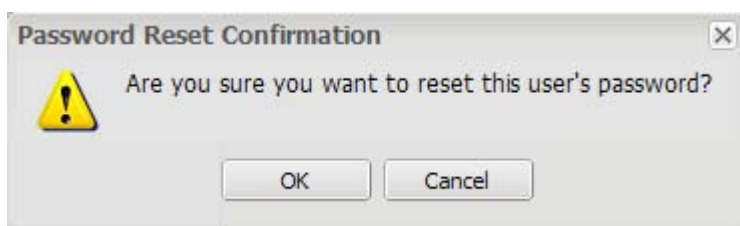
This module covers the procedure for resetting a Claim Administrator user's password. Only the Site Administrator has this permission.

Business Scenario: User is unable to log into system because their account is locked due to too many invalid login attempts/forgot password attempts or their password expired after 90 days.

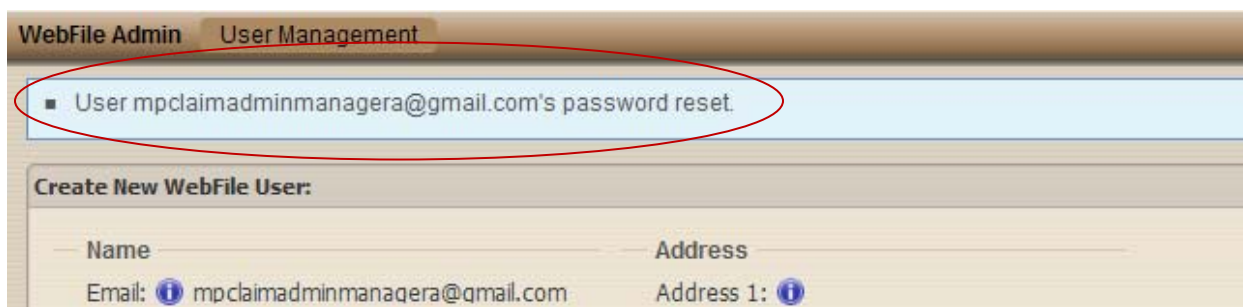
1. Site Administrator should access user's account



2. Click **Reset Password**
3. You are asked to confirm Password reset



4. A confirmation message will appear that the password has been reset. No Save is necessary, the reset is immediate.



User will receive an e-mail with the temporary password. After logging in, user will be prompted to set up a new password and answer their security questions.

DEACTIVATE A CLAIM ADMINISTRATOR USER'S ACCESS

This module covers the procedure for deactivating and re-activating access for a Claim Administrator user in *WebFile*. Claim Administrator user access is managed by the Site Administrator.



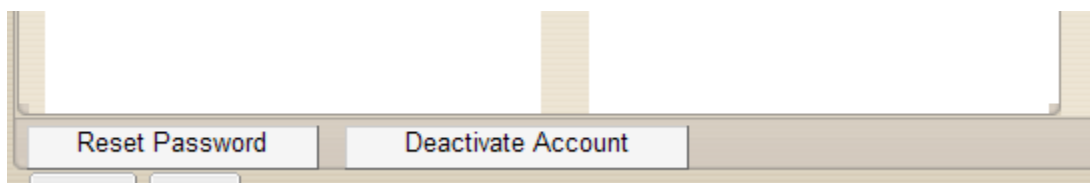
If a user has submitted FROIs in the past then it is advised the account be left Active. The e-mail address associated with the account is the only one that has the ability to update the FROIs submitted by the user. If the account is deactivated then you will not be able to submit or access claims records submitted by the deactivated user. A later release will provide the ability to re-assign claims among users.



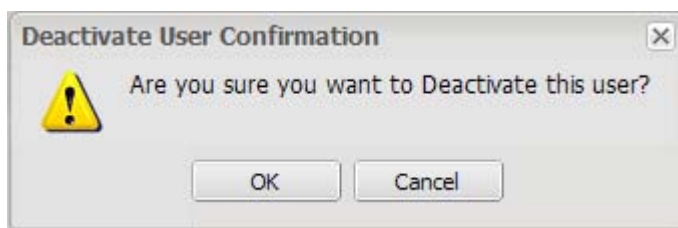
The same process can be followed to re-activate a user.

Business Scenario: User has left the company and permissions to submit FROI or SROIs must be revoked.

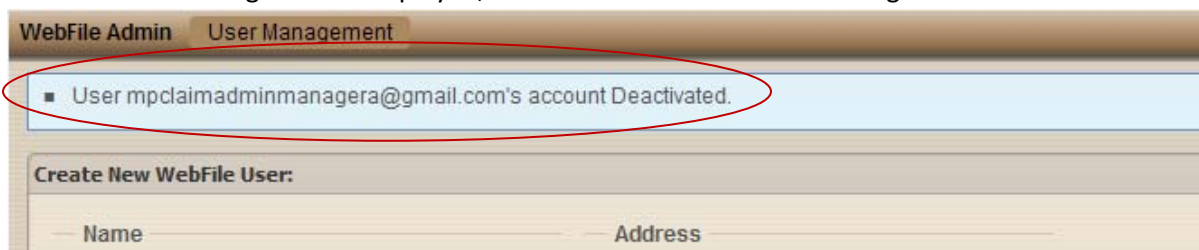
1. Access user's account



2. Click **Deactivate Account**
3. You are asked to confirm Deactivation



4. Confirmation message will be displayed, no "Save" is needed for this change.



SEARCH FOR EXISTING CLAIMS

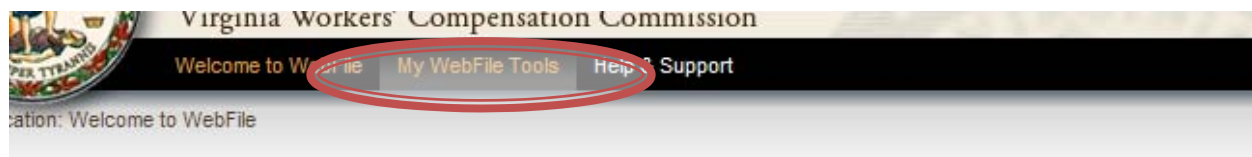
This module covers searching for existing claims within *WebFile*.

Applicable Roles: Claim Administrator User, Claim Administrator Manager, Claim Administrator Sub 100 User

Prerequisite Actions: A claim has been established within **WebFile**. Based on your role you have access to view the claim.

Business Scenario: Claim Administrator needs to find a specific set of claims within *WebFile*.

1. Log into **WebFile**
2. Select **My WebFile Tools**



3. The My WebFile Tools page is displayed



By default all of your claims are displayed in the Results section. For managers this includes claims assigned to claim administrators for which you are assigned as manager and claims that are un-assigned.

[illegible]



Claim Administrator Managers have the option to search claims based on to whom the claim has been assigned. This is not available for non-managers.

Claim Administrator Managers also have the option to View Unassigned Claims within your organization. This is not available for non managers.

Claim Administrator Manager Search View

My WebFile Tools Search for Claims

Claim Filter Criteria

Unassigned: ☐

Assigned To: [me](#)

JCN:

Claimant First Name:

Claimant Last Name:

Employer:

Date of Injury: From:

To:

Search

Claim Administrator Search View

My WebFile Tools Search for Claims

Claim Filter Criteria

JCN:

Claimant First Name:

Claimant Last Name:

Employer:

Date of Injury: From:

To:

Search



The Assigned to search field is enabled with an automated search feature. All associated employees are subject to the search. Three letters of the username, first name or last name are required to initiate the search. It may take a few seconds to complete the search and a maximum of 10 results will display.

4. Enter your search criteria and select

Search

Assigned To:

JCN:

5. The list will present all claims which meet your search criteria.

6. In order to view claim details click on the JCN hyperlink.

Results					
Assign selected claims to: Search for a user... me Assign Remove Assignment					
JCN	Claimant First Name	Claimant Last Name▼	Employer	Injury Date	Assigned To
<input type="checkbox"/> VA00000008964	Jeff	Author	Joes Fishery	03/11/2009	Martin, Joe
Page 1 of 1					

7. The Claim Summary screen is displayed

Claimant: Jeff Author

Employee Social Security Number: *** - ** - 6598

Jurisdiction Claim Number: VA00000008964

Claim Administration Claim Number: 434534334222

Date of Injury: 3/11/2009

Claim Type: Lost Time/Indemnity

Employer: Joes Fishery

Insurer: CATHERINE TEST INSURER

Claim Status Overview

☐ Claim for Benefits Filed☐ Payments Reported

☐ Claim Denied by Insurer☐ Award Entered by Commission

Claim Details

Documents & Filings

Make New Submission

Submit Claim Form/Request for Hearing

Instructions

☐ Please contact the Claim Adjuster if there is any incorrect information in the claim

Incident Details

Claim Administrator Details

Claimant Details

Employer Details



The Claim Status Overview shows the key status points for the claim. The checkbox will be checked if the status item is complete.

Claim Status Overview

☐ Claim for Benefits Filed☐ Payments Reported

☐ Claim Denied by Insurer☐ Award Entered by Commission

8. The Claim Summary screen has three detail tabs.

Claim Details

This tab displays Claim details which have been included on FROI SROI Submissions.

Claim Details

Documents & Filings

Make New Submission

Instructions


☐ Please contact the Claim Adjuster if there is any incorrect information in the claim

Incident Details

Adjuster Details

Claimant Details

Employer Details

9. Each section within Claim Details can be expanded/collapsed by selecting .

10. Expanding the Claimant Details section  **Claimant Details** reveals the filed claimant details as seen below.



▼ Claimant Details

Claimant Name: Jeff Author Employee Social Security Number: *** - ** - 6598
Date of Birth: 2/21/1995 Gender: Male

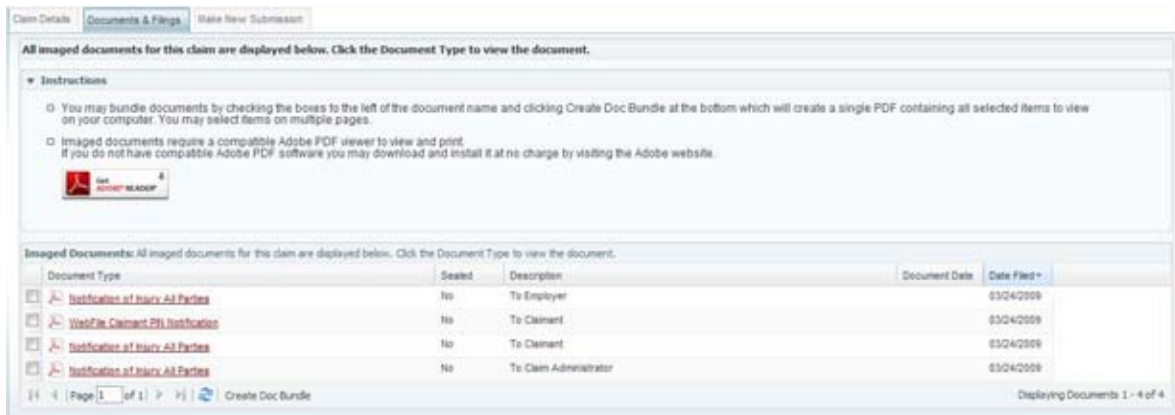
▼ Claimant Contact Information

Phone: Email:
Address: 623 E Main St
Richmond, Virginia 23219-2405
United States

▶ Employer Details

Documents and Filings

This tab displays all documents which have been associated with the current claim. This tab is detailed in [VIEW SUPPORTING CLAIM DOCUMENTS](#)




Claim Details | **Documents & Filings** | Make New Submission

All imaged documents for this claim are displayed below. Click the Document Type to view the document.

Instructions

- ☐ You may bundle documents by checking the boxes to the left of the document name and clicking Create Doc Bundle at the bottom which will create a single PDF containing all selected items to view on your computer. You may select items on multiple pages.
- ☐ Imaged documents require a compatible Adobe PDF viewer to view and print. If you do not have compatible Adobe PDF software you may download and install it at no charge by visiting the Adobe website.



Imaged Documents: All imaged documents for this claim are displayed below. Click the Document Type to view the document.

Document Type	Sealed	Description	Document Date	Date Filed
<input type="checkbox"/> Notification of Injury All Parties	No	To Employer		03/24/2009
<input type="checkbox"/> WebFile Claimant PFI Notification	No	To Claimant		03/24/2009
<input type="checkbox"/> Notification of Injury All Parties	No	To Claimant		03/24/2009
<input type="checkbox"/> Notification of Injury All Parties	No	To Claim Administrator		03/24/2009

Page 1 of 1 | Create Doc Bundle | Displaying Documents 1 - 4 of 4

Make New Submission

This tab provides the functionality to file the following forms “Award Agreement”, “Termination of Wage Loss Award”, “Employer’s Application for Hearing”, “20 Day Order Response (Claim Filed)” and “20 Day Order Response (Payments Made)”. Details can be found under [UPLOADING SUPPORTING CLAIM DOCUMENTS](#)



Claim Details | Documents & Filings | **Make New Submission**

Upload a filing

Instructions

Select Filing Type: 
Award Agreement

Document Date: 
MM/DD/YYYY 

File(s) must be Non-Encrypted PDFs 
 **Browse...**

☐ I certify that this document has been signed by all parties.

Upload

ASSIGNING CLAIMS TO EMPLOYEES

This module covers the functionality available for claim administrators with the manager role to assign claims to their employees.

Applicable Roles: Claim Administrator Manager

Prerequisite Actions: As a claim administrator manager you are associated with at least one employee within **WebFile**. A claim has been established for the Claim Administrator entity with the following attributes:

- The claim is unassigned (A FROI has been submitted via EDI)
- The claim FROI or SROI originated by you as a Claim Administrator
- The claim is owned by a claim administrator who is assigned to you as an employee.

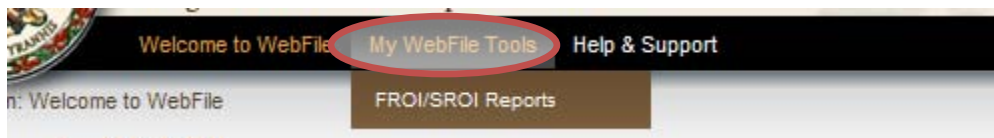


Only 1 person may be assigned to a claim at a time. An EDI claim will be automatically assign/re-assigned to the user whose email address is in the SROI as Claim Representative Email Address field.

Business Scenario: Claim Administrator Manager needs to assign ownership of an unassigned claim which originated through EDI.

12. Log into **WebFile**

13. Select My **WebFile** Tools



14. Search for Unassigned claims

Claim Filter Criteria

Unassigned: ☒

Assigned To:

JCN:

Claimant First Name:

Claimant Last Name:

Employer:

Date of Injury: From:

To:

15. All unassigned claims are displayed in the search results

Results

Assign selected claims to: Search for a user... [me](#) [Assign](#) [Remove Assignment](#)

JCN	Claimant First Name	Claimant Last Name▼	Employer	Injury Date	Assigned To
<input checked="" type="checkbox"/> VA00000008981	Tom	Thompson	Claim Admins R' US	03/10/2009	Unassigned

Page 1 of 1 Claim 1 - 1 of 1

16. Select claims to assign by checking the checkbox in the left column of all desired claims.

Results

Assign selected claims to: Search for a user... [me](#) [Assign](#) [Remove Assignment](#)

JCN	Claimant First Name	Claimant Last Name▼	Employer	Injury Date
<input checked="" type="checkbox"/> VA00000008981	Tom	Thompson	Claim Admins R' US	03/10/2009

Page 1 of 1

17. Enter the employee's name in the "Assign selected claims to:" text box.

Results

Assign selected claims to: mark [me](#) [Assign](#) [Remove Assignment](#)

Dropdown menu: **Smith, Mark**
mpclaimadmin100@gmail.com

JCN	Claimant First Name	Claimant Last Name▼	Employer
<input checked="" type="checkbox"/> VA00000008981	Tom	Thompson	Claim Admins R' US

Page 1 of 1



The Assign selected claims to: field is enabled with an automated search feature. All associated employees are subject to the search. Three letters of the username, first name or last name are required to initiate the search. It may take a few seconds to complete the search and a maximum of 10 results will display.

18. Once you have found the correct employee select

[Assign](#)

Results

Assign selected claims to: Smith, Mark (mpclaimadmin100@gmail.com) [me](#) [Assign](#) [Remove Assignment](#)

JCN	Claimant First Name	Claimant Last Name▼	Employer
<input checked="" type="checkbox"/> VA00000008981	Tom	Thompson	Claim Admins R' US

Page 1 of 1

19. The selected claims will now be assigned to the desired employee.

Results					
Assign selected claims to: <input type="text" value="Search for a user..."/> me Assign Remove Assignment					
JCN	Claimant First Name	Claimant Last Name	Employer	Injury Date	Assigned To
<input type="checkbox"/> VA00000008981	Tom	Thompson	Claim Admins R' US	03/10/2009	Smith, Mark
<input type="checkbox"/> VA00000008964	Jeff	Author	Joes Fishery	03/11/2009	Martin, Joe
Page 1 of 1 Refresh Claim 1 - 2 of 2					

20. To un assign claims select the check box beside each claim and select

[Remove Assignment](#)



*To assign a claim to a different manager's employee, you must Remove Assignment.
The other manager will be able to see the unassigned claim and assign it accordingly.*

UPLOADING SUPPORTING CLAIM DOCUMENTS


This module covers the functionality available for users to upload claim forms and documents to WebFile

Applicable Roles: Claim Administrator

Prerequisite Actions: A claim has been established within **WebFile**. The claim administrator must have access to submit form or upload documents to specified claim.


Business Scenario: A claim administrator has needs to file a Termination of Loss Wage Award

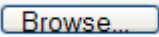
1. Navigate to required claim. See [SEARCH FOR EXISTING CLAIMS](#)
2. On the Claim Summary screen select the Make New Submission tab (NEW SCREENSHOT)




3. Available Filing Types are listed in the Select Filing Type drop down.



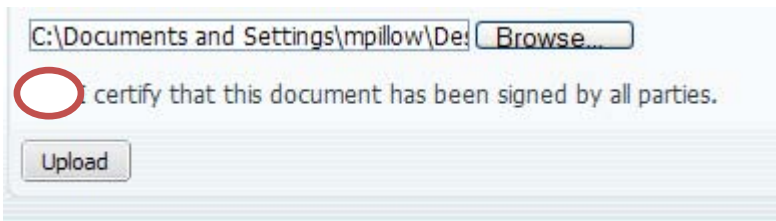
 Blank copies of the forms are available at the [VWC website](#). The Response to the 20 day Order forms are claim specific and mailed. Once mailed, they can be found under Documents and Filings in the claim

4. Select **Termination of Wage Loss Award**.
5. Set The Document Date, which is the date the document was completed
6. Use the  button to locate the document on your local computer.



Please Note File(s) must be Non-Encrypted PDFs 

7. In order to complete the filing you must certify that the document has been signed by all parties by checking the check box.




8. Once the certification is checked the Upload button is activated and you can submit the document.

9. The document is now available under the Documents and Filings tab


Document Type	Sealed	Description	Document Date	Date Filed
 	No	Termination of Wage Loss Award	03/23/2009	03/26/2009
 <u>Notification of Injury All Parties</u>	No	To Employer		03/24/2009





When filing an Employer's Application for Hearing you are allowed to upload multiple documents (As seen below). The documents will be bundled into as single PDF document and made available on the Documents and Filings tab

Select Filing Type: 

Employer's Application for Hearing ▼

Document Date: 

MM/DD/YYYY 

File(s) must be Non-Encrypted PDFs 

☐ I certify under penalty of perjury that the attached document is

VIEW SUPPORTING CLAIM DOCUMENTS

This module covers the functionality available for view claim details and filings loaded to WebFile.

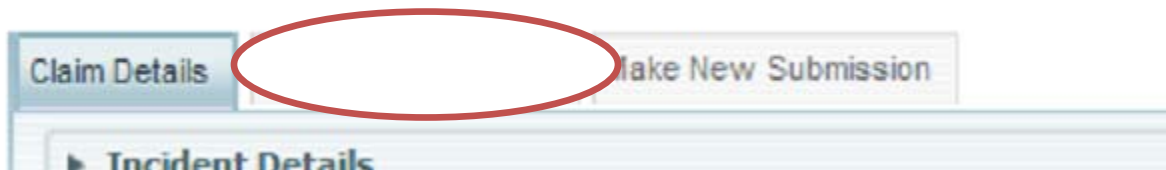
Applicable Roles: Claim Administrator users, Claim Administrator Managers, Sub 100 Users

Prerequisite Actions: A claim has been established for which the user has access. There are filings associated with the claim

Business Scenario: Claim administrator needs to download a copy of the Notification of Injury for a specified claim.

21. Navigate to required claim. See [SEARCH FOR EXISTING CLAIMS](#)

22. In the Claim Detail screen select the Documents and Filings tab




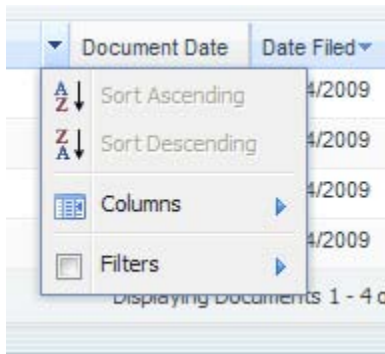
23. All documents associated with the current claim are listed.

A screenshot of the 'Documents & Filings' tab in the 'Claim Details' screen. The tab is selected, and the 'Make New Submission' button is visible. Below the tabs, a message states: 'All imaged documents for this claim are displayed below. Click the Document Type to view the document.' An 'Instructions' section is also present. The main area displays a table of 'Imaged Documents' with columns for Document Type, Sealed, Description, Document Date, and Date Filed. The table lists five documents, including 'Award Termination Agreement Form' and 'Notification of Injury All Parties'. At the bottom, there is a pagination bar showing 'Page 1 of 1' and a 'Create Doc Bundle' button. The status 'Displaying Documents 1 - 5 of 5' is shown at the bottom right.

Document Type	Sealed	Description	Document Date	Date Filed
Award Termination Agreement Form	No	Termination of Wage Loss Award	03/23/2009	03/26/2009
Notification of Injury All Parties	No	To Employer		03/24/2009
WebFile Claimant PIN Notification	No	To Claimant		03/24/2009
Notification of Injury All Parties	No	To Claimant		03/24/2009
Notification of Injury All Parties	No	To Claim Administrator		03/24/2009

Searching for and sorting attached documents

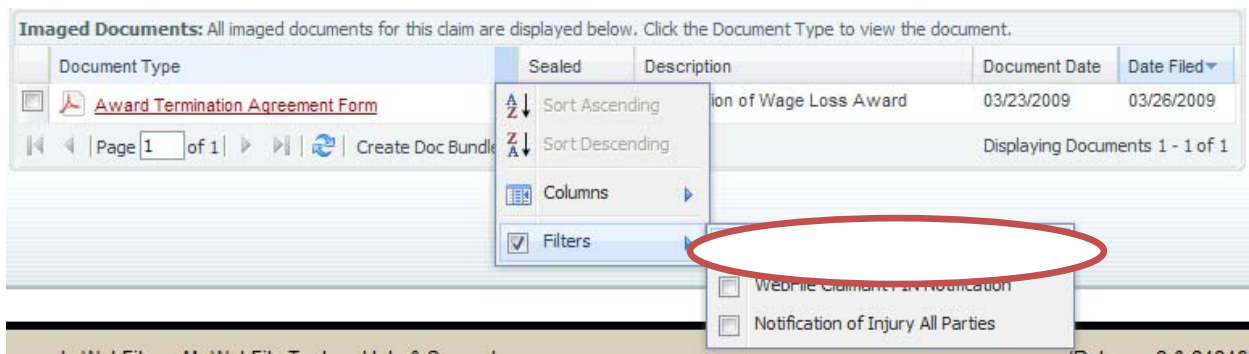
24. Clicking  on any of the document columns reveal the Sort/Filter menu.



Search/Filter Options include

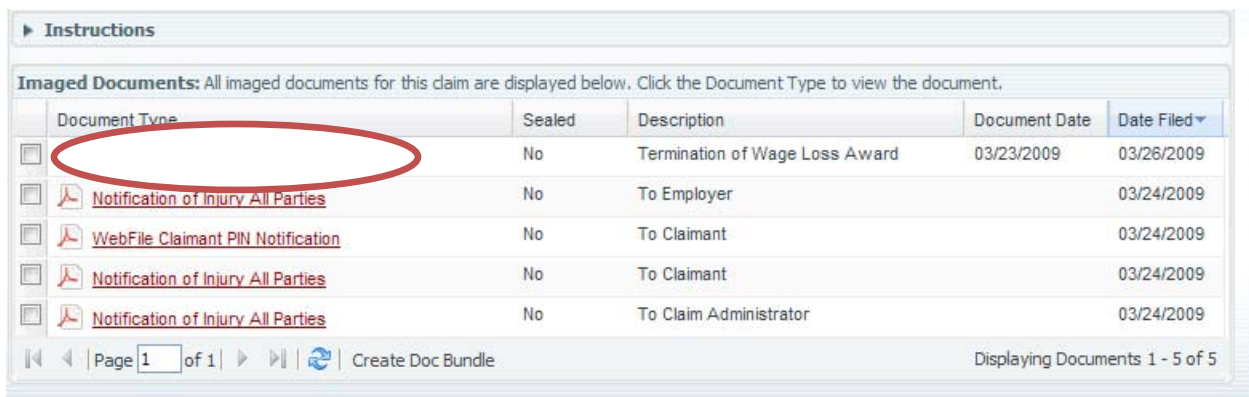
- Sort Ascending/Descending
- Hide/Display Specific Columns
- Filter on the Current column.

25. For example Filtering on the Document Type “Award Termination Agreement Form” limits the list to this document type.

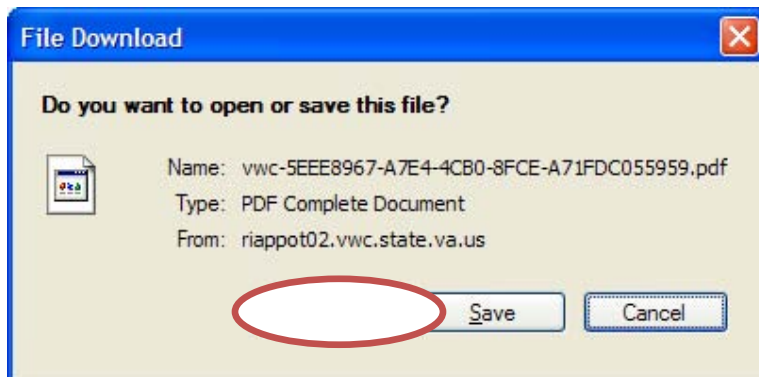


Viewing a document

26. In order to view a specific document, click the Document Type.



27. The File Download message is displayed.
28. The bundled document can only be saved to your computer and can not be saved to the Claim's Imaged Documents.



29. Selecting Open will open the document in your Adobe reader.

i Imaged documents require a compatible Adobe PDF viewer to view and print.
If you do not have compatible Adobe PDF software you may download and install it at no charge by visiting the Adobe website.

i Note the view option is not available to documents which are "Under Seal". This is noted with a Yes in the Sealed Column of the document listing

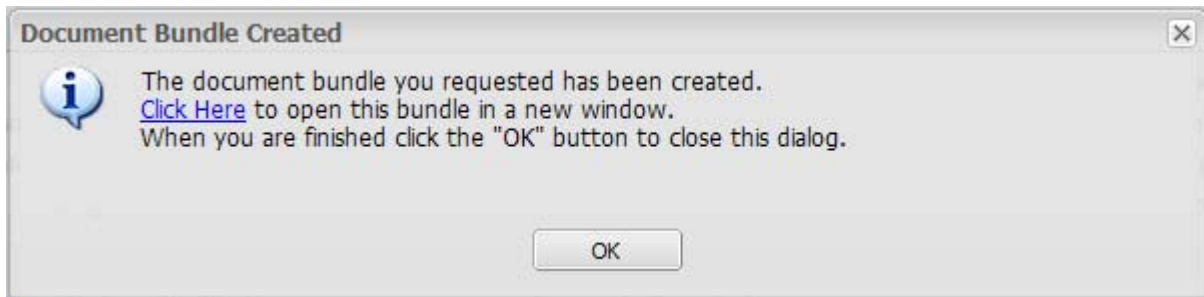
Bundling documents


This functionality will allow the user to combine several documents into a single PDF for distribution

30. Select the documents to be bundled by checking the checkbox for the desired documents.
31. Select "Create Doc Bundle"



32. Once the document is successfully bundled the Document Bundle Created message is displayed.
Select [Click Here](#) to View the bundled document and the File Download message is displayed.



-  The Bundled document is displayed in Acrobat. You can utilize Acrobat functionality to View, Save or Print the bundle.

HOW TO INITIATE A CLAIM IN *WebFile*

This module covers the procedure for submitting a First Report of Injury (FROI) using *WebFile*. It does not cover the business process of submitting and maintaining claims. Job aids, process flows or reference charts are also available by using the provided links in this module.

FIRST REPORT OF INJURY (FROI) - This report initiates the creation of a claim

Types of FROIs 00- Original

04 – Denial

UR – Upon Request

AU – Acquired Unallocated



For more detail information on the types of FROIs please go to the [FROI Maintenance Type Codes](#)



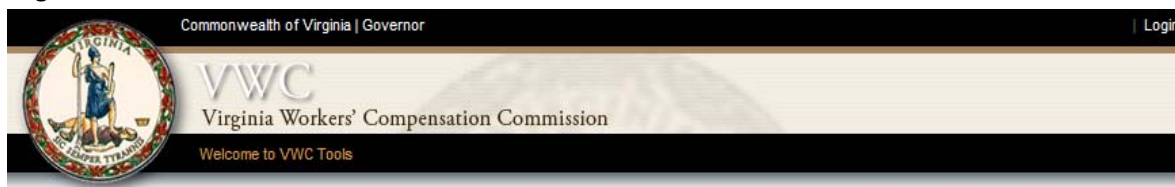
The WebFile system contains a 30 minute time-out feature. For security purposes, if the system remains idle for more than 30 minutes the user will be logged out. Data entry is still considered being idle – be sure to Save or Submit your record to prevent being logged out, and losing all data.

Applicable Roles: Claim Administrator User, Site Administrator

Prerequisite Actions: User has been set up and has registered in *WebFile*.

Business Scenario: Injury is reported. Medical payments have reached \$1,000

1. Go to new website at: <https://webfile.workcomp.virginia.gov>
2. Log into *WebFile*



3. Enter login id and password

4. If it's your first time login, then you will need to complete the registration page

5. To Submit a FROI, click on "My VWC Tools"

Your location: My VWC Tools

My VWC Tools Create Injury Report

► Instructions: Create Injury Report (Step 1 of 3)


Select Report Entry Type: **New Claim Report**

Select the type of report you need to create and click the "Create" button to begin.

☐ 00 - Original
☐ 04 - Denial
☐ UR - Upon Request
☐ AU - Acquired Unallocated

Create

6. Default action is for NEW CLAIM REPORT so first step is to select the type of FROI document you need to create.

 Not sure which report you need to submit? Click to access the [FROI Key Event Matrix](#).

7. Once you have selected the FROI report, Click CREATE.

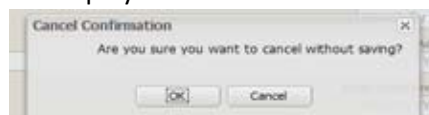
My VWC Tools Create Injury Report

► Instructions: Create Injury Report (Step 2 of 3)

► Claim Information
 ► Employee Information
 ► Claim Administrator Information
 ► Employer Information
 ► Accident Information

Final Review Save Report Cancel Without Saving


- Data entry has been divided into 5 sections.
- At the bottom you have 3 actions to select from
 - FINAL REVIEW – Use this when all data has been entered and you are ready to review report before submitting. This will also trigger data edits to execute.
 - SAVE REPORT– Use this to save your report periodically or in the event that you are not able to complete it and need to return to it later
 - CANCEL WITHOUT SAVING– This will cancel the report completely. All data will be lost. A confirmation box will display.




8. To expand a section click anywhere in the section heading

► **Claim Information**



This symbol  next to a field indicates that the data is required in order to submit the report

This symbol  next to the field indicates the field may be required depending on the selections or data entered in some of the required fields.



Hovering over the symbols with your cursor will provide the criteria of when the field is required.



To review a list of all the fields and what data is required go to the [data elements listing](#)

9. Expand the Claim Information section

- JCN entry is disabled because it will be assigned by the system when you submit the FROI
- Saving the partial claim is recommend after completing this section

10. Expand the Employee Information section

- The system will validate the street address against the USPS database. This will occur when you submit the report. A valid, USPS-recognized address must be entered in order to submit the report.
- The “Manual Classification Code” field allows you to search by typing in at least 3 letters of the code description or number.
- After entering your data, we recommend you Save the partial claim again.

11. Expand the Claim Administrator Information section

- Use the “Insurer FEIN” field to enter the FEIN number or search for one. Search results with the Insurer Name will display after entry of 3 digits.
- The “Insurer Name” field will auto-populate for you upon FEIN selection. You cannot enter data in this field.
- The “Claim Administrator FEIN” will either auto-populate or one may be selected from a drop-down list.



The “Claim Administrator FEIN” field will only display the FEINs which your Site Administrator requested. These are the FEINs that your organization can report for. If you do not have any FEINs available or the one required is missing, contact your Site Administrator.

- The “Claim Administrator Name” field will auto-populate for you. You cannot enter data in this field.
- The Claim Administrator address information will auto-populate after a FEIN is selected
- After entering your data, we recommend you Save the partial claim again



If the FEIN you require is not found, the name and address do not auto-populate, or the data that auto-populates is not correct, please SAVE the partial report, and have your site administrator send an e-mail to WebFileSupport@vwc.state.va.us. Provide as much information as you can to help the Commission correct this.

12. Expand the Employer Information section

The screenshot shows the 'Employer Information' section of a web form. It includes a checkbox for 'Same as Claim Admin?'. Below this are input fields for 'Employer FEIN', 'Name', 'Street Address', 'City', 'Insured FEIN', 'Insured Name', and 'Policy Number'. To the right, there are dropdown menus for 'Industry Code' (with a search bar), 'State' (set to 'VA - Virginia'), 'Country' (set to 'US - United States'), 'Zip Code', 'Insured Type Code' (set to 'Select...'), and 'Insured Report Number'. Each field has an information icon (i) next to its label.

- If you check the “Same as Claim Admin?” box then the system will populate the Employer FEIN, Name, and Address Fields with the same data you selected in the Claim Administrator information section. This information is editable.
- In the “Industry Code” field, either enter the code number or search for it.

TO USE THE SEARCH FEATURE

1. Enter at least three digits of the code or 3 letters of description
 2. Click on the desired code from the results list. If no results are returned, try the search again or verify your code information. A document containing all codes and descriptions can be accessed by clicking [HERE](#).
- After entering your data, we recommend you Save the partial claim again

13. Expand the Accident Information section

The screenshot shows the 'Accident Information' section of a web form. It includes input fields for 'Date of Injury' (MM/DD/YYYY), 'Cause of Injury' (dropdown), 'Death Result of Injury Code' (dropdown), 'Employee Date of Death' (MM/DD/YYYY), and 'Accident Description/Cause' (text area). To the right, there are dropdown menus for 'Nature of Injury' (set to 'Select...'), 'Part of Body' (with a search bar), 'Date Claim Administrator Had Knowledge of Injury' (MM/DD/YYYY), 'Date Employer Had Knowledge of Injury' (MM/DD/YYYY), 'Accident Site Zip Code', and 'Accident Site Country' (set to 'US - United States'). Each field has an information icon (i) next to its label. A 'Mandatory Field' tooltip is visible over the 'Accident Description/Cause' field, stating: 'Mandatory Field This field is required before the form can be submitted.' At the bottom, there are three buttons: 'Final Review', 'Save Report', and 'Cancel Without Saving'.

- After entering your data, we recommend you Save the partial claim again

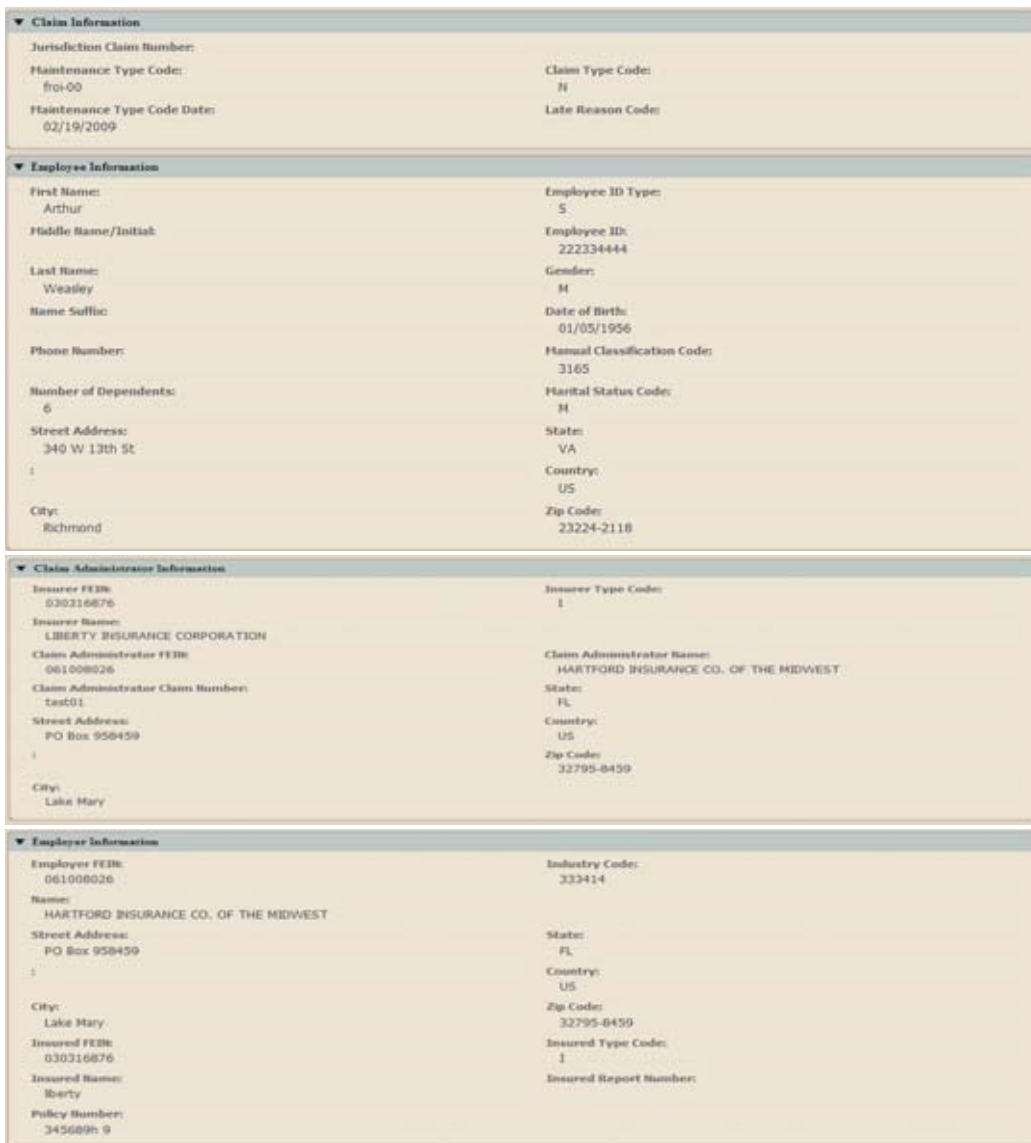
14. Once all of the data in all 5 sections has been entered, you can either click FINAL REVIEW or SAVE REPORT.
15. Clicking FINAL REVIEW will kick off the validation process
16. If a field is not populated or fails other validation, the system will highlight it for you. If you see no highlights and it will still not let you submit, verify all sections are expanded. The incorrect field may be within an unexpanded section.



First Name ❗

Mandatory field not present

17. At this point you can either update the field followed by clicking FINAL REVIEW again or SAVE REPORT and come back and complete the report later.
18. If the validation process does not find any issues then a review screen will display for you:



▼ Claim Information	
Jurisdiction Claim Number:	Claim Type Code:
Maintenance Type Code:	H
Maintenance Type Code Date:	Late Reason Code:
02/19/2009	

▼ Employee Information	
First Name:	Employee ID Type:
Arthur	S
Middle Name/Initial:	Employee ID:
	22234444
Last Name:	Gender:
Weasley	M
Name Suffix:	Date of Birth:
	01/05/1956
Phone Number:	Manual Classification Code:
	3165
Number of Dependents:	Marital Status Code:
6	M
Street Address:	State:
340 W 13th St	VA
	Country:
	US
City:	Zip Code:
Richmond	23224-2118

▼ Claim Administrator Information	
Insurer FEID:	Insurer Type Code:
030316876	I
Insurer Name:	
LIBERTY INSURANCE CORPORATION	
Claim Administrator FEID:	Claim Administrator Name:
061008026	HARTFORD INSURANCE CO. OF THE MIDWEST
Claim Administrator Claim Number:	State:
test01	FL
Street Address:	Country:
PO Box 958459	US
	Zip Code:
	32795-8459
City:	
Lake Mary	

▼ Employer Information	
Employer FEID:	Industry Code:
061008026	332414
Name:	State:
HARTFORD INSURANCE CO. OF THE MIDWEST	FL
Street Address:	Country:
PO Box 958459	US
	Zip Code:
	32795-8459
City:	Insured FEID:
Lake Mary	030316876
Insured Name:	Insured Type Code:
Liberty	I
Policy Number:	Insured Report Number:
345689h 9	

19. Review the information.

- a. If you do not agree with the data and wish to updated it then click on CONTINUE EDITING. This will take you back to data entry view

- b. If you agree with the data then at the bottom of the screen you a box that you need to check that states that you reviewed the form and are ready to submit.



BEFORE YOU CLICK "I AGREE". On current version of tool you will not be able to view the report after it's submitted. If you wish to retain a copy of the report then print your screen now.

- c. Click I AGREE

20. The report will be submitted and a claim number of JCN will be assigned

21. Either print this screen or record your JCN number. You will need this for later transactions. This serves as your "Transaction Accepted" acknowledgement. Because the transaction was accepted does not mean the information has been validated.



The JCN will be required for submitting SROIs against this report or for communications with VWC regarding this claim.



TO RETURN TO TOP OF DOCUMENT CLICK  and  HOME BUTTONS

HOW TO SUBMIT ADDITIONAL REPORTS ON AN EXISTING CLAIM

This module covers the procedure for submitting additional reports to an existing claim. The reports can be additional FROIs or SROIs depending on the situation. The following instructions will cover how to use the *WebFile* tool. It will not cover the business process of submitting and maintaining claims. Job aids, process flows or reference charts are also available by using the provided links in this module.

Complete list of available reports:

	Name	Pre-Condition
FROI AQ	Acquired Claim	Needs a FROI 00
FROI 01	Cancel	Needs a FROI 00 or AQ or AU or 04
FROI 02	Change	Needs a FROI 00 or AQ or AU or 04
SROI 04	Denial	Needs a FROI 00
SROI EP	Employer Paid	Needs a FROI 00 or AQ or AU
SROI IP	Initial Payment	Needs a FROI 00
SROI AP	Acquired Payment	Needs a FROI AQ or AU
SROI P1	Partial Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	Needs a SROI EP or IP or AP
SROI P2	Partial Suspension, Medical Noncompliance	Needs a SROI EP or IP or AP
SROI P3	Partial Suspension, Administrative Non-Compliance	Needs a SROI EP or IP or AP
SROI P5	Partial Suspension, Incarceration	Needs a SROI EP or IP or AP
SROI PJ	Partially Suspended (Pending Judge Appeal or Judicial Review)	Needs a SROI EP or IP or AP
SROI PY	Payment Report	Needs a SROI EP or IP or AP
SROI S1	Suspension, Returned to Work or Medically Determined Qualified to Return to Work	Needs a SROI EP or IP or AP or ER or RB
SROI S2	Suspension, Medical Non -Compliance	Needs a SROI EP or IP or AP or ER or RB
SROI S3	Suspension, Administrative Non-Compliance	Needs a SROI EP or IP or AP or ER or RB
SROI S4	Suspension, Claimant Death	Needs a SROI EP or IP or AP or ER or RB
SROI S5	Suspension, Incarceration	Needs a SROI EP or IP or AP or ER or RB
SROI S6	Suspension, Claimant's Whereabouts Unknown	Needs a SROI EP or IP or AP or ER or RB
SROI S7	Suspension, Benefits Exhausted	Needs a SROI EP or IP or AP or ER or RB
SROI S8	Suspension, Jurisdiction Change	Needs a SROI EP or IP or AP or ER or RB
SROI SD	Suspension, Directed by Jurisdiction	Needs a SROI EP or IP or AP or ER or RB
SROI SJ	Suspension, Pending Appeal or Judicial Review	Needs a SROI EP or IP or AP or ER or RB
SROI RB	Reinstatement of Benefits	Needs a SROI S _x , or P _x , or SROI 04
SROI ER	Employer Reinstatement	Needs a SROI S _x , or P _x , or SROI 04
SROI QT	Quarterly Periodic Report	Any FROI or SROI except FROI UR, 04 & 01
SROI PY	Payment Report	Needs a FROI 00 or AQ or AU



For more detail information on the types of SROIs go to [the SROI Maintenance Type Codes](#)
For more detail information on the types of FROIs go to [the FROI Maintenance Type Codes](#)

Applicable Roles: Claim Administrator User, Site Administrator

Prerequisite Actions: User has reported the accident through *WebFile*

Business Scenario: Initial report was submitted. User needs to submit an additional report.

1. Go to new website at: <https://webfile.workcomp.virginia.gov>
2. Log into *WebFile*

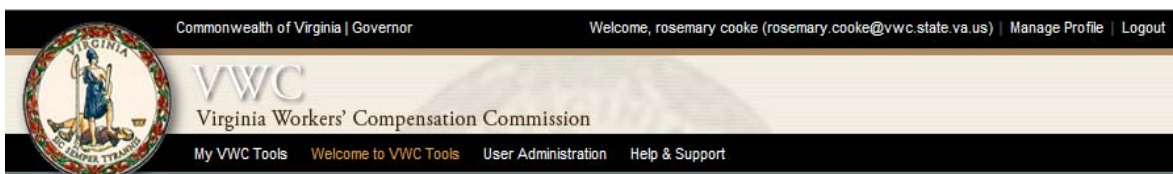


3. Enter login id and password



The WebFile system contains a 30 minute time-out feature. For security purposes if the system remains idle for more than 30 minutes the user will be logged out. Entering the data into the fields is considered being idle.

4. To Submit a report, click on “My VWC Tools”



5. The create Injury report screen will default to “New Claim Report”. Change your selection to “Existing Claim Report”

My VWC Tools Create Injury Report

Instructions: Create Injury Report (Step 1 of 3)

Select Report Entry Type: **New Claim Report** ▼
 New Claim Report
 Existing Claim Report

Select the type of report you need to create and click the "Create" button to begin.

6. Type in the original JCN (Jurisdiction Claim Number). Click LOOKUP

My VWC Tools Create Injury Report

Instructions: Create Injury Report (Step 1 of 3)

Select Report Entry Type: **Existing Claim Report** ▼

Enter the JCN number of the claim you need to create a report against and click the "Lookup" button to begin.

Jurisdiction Claim Number: **Lookup**

7. A list of reports that you can create will display.

My VWC Tools Create Injury Report

Instructions: Create Injury Report (Step 1 of 3)

Select Report Entry Type: **Existing Claim Report** ▼

Enter the JCN number of the claim you need to create a report against and click the "Lookup" button to begin.

Jurisdiction Claim Number: **VA00000008798** **Lookup**

Select the type of report you need to create and click the "Create" button to begin.

Report Type: **Select...** ▼
 Select...
 02 - Change
 01 - Cancel
 AQ - Acquired Claim
 AU - Acquired Unallocated
 04 - Denial
 IP - Initial Payment
 EP - Employer Paid
 PY - Payment Report

Create

My VWC Tools Support (Release 2.0.22009)



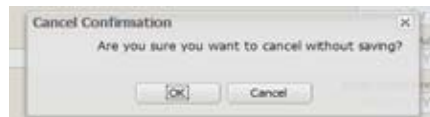
This dropdown will provide a different list based on the reports previously filed for this claim. Please refer to the table above for a list of conditions that need to be met before a form is made available for use.

8. Select a report from the dropdown and click CREATE

9. The data entry screen will display. Much of the information will be pre-populated based on your prior *WebFile* submissions.

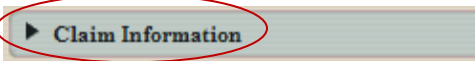



- At the bottom you have 3 actions to select from
 - FINAL REVIEW – Use this when all data has been entered and you are ready to review report before submitting. This will also trigger data edits to execute.
 - SAVE REPORT– Use this to save your report periodically or in the event that you are not able to complete it and need to return to it later.
 - CANCEL WITHOUT SAVING– This will cancel the report completely. All data will be




lost. A confirmation box will display.

10. To expand a section click anywhere in the section heading



This symbol  next to a field indicates that the data is required in order to submit the report



This symbol  next to the field indicates the field may be required depending on the selections or data entered in some of the required fields.



Hovering over the symbols with your cursor will provide the criteria of when the field is required.



To review a list of all the fields and what data is required go to the data dictionary by clicking [HERE](#).

11. Once all of the data in all 5 sections has been entered, you can either click FINAL REVIEW or SAVE REPORT.

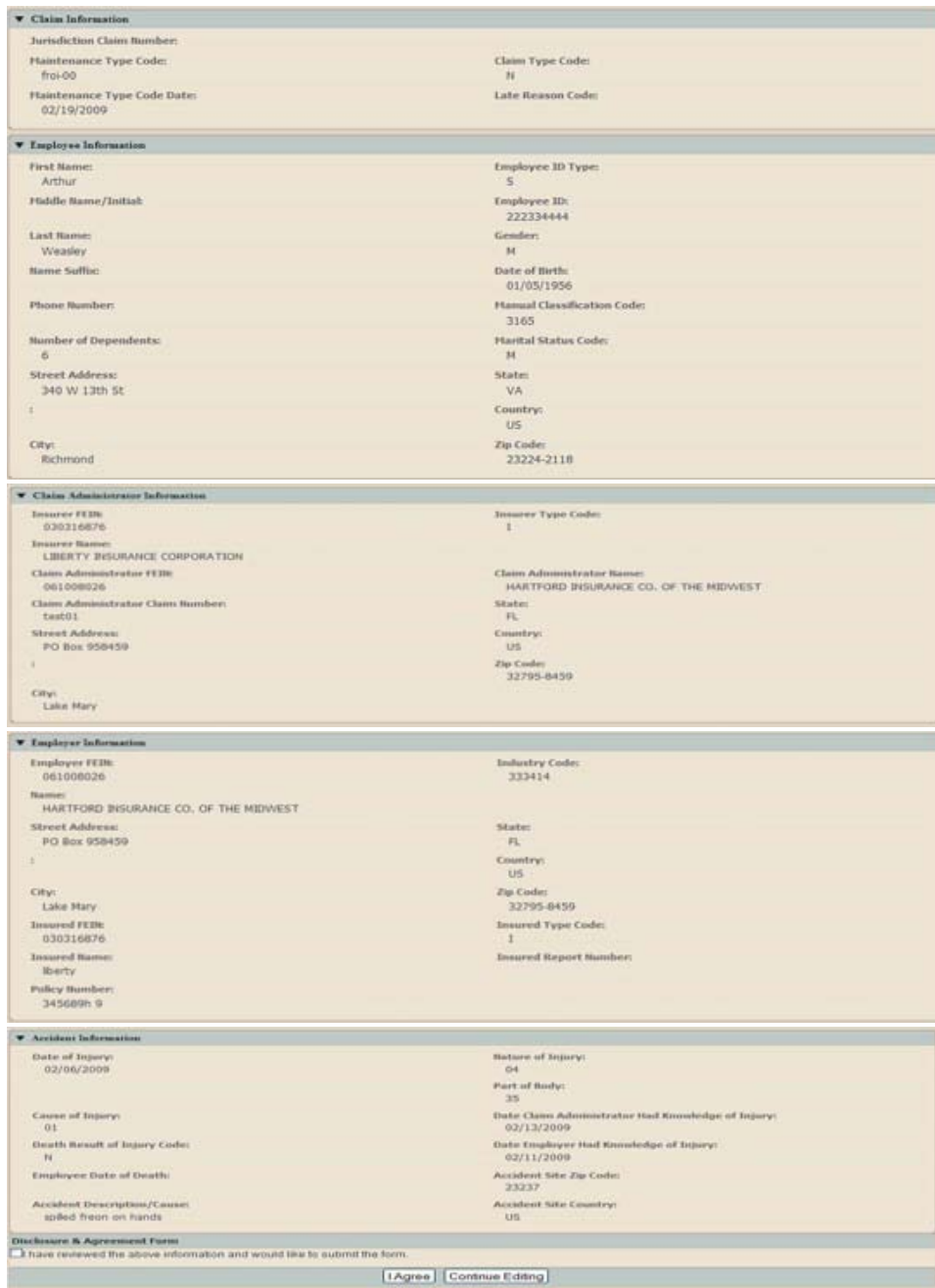
12. Clicking FINAL REVIEW will kick off the validation process

13. If a field is not populated or fails other validation, the system will highlight it for you. If you see no highlights and it will still not let you submit, verify all sections are expanded. The incorrect field may be within that unexpanded section.



First Name  Mandatory field not present

14. At this point you can either update the field followed by clicking FINAL REVIEW again or SAVE REPORT and come back and complete the report later.
15. If the validation process does not find any issues then a review screen will display for you:



▼ Claim Information

Jurisdiction Claim Number:	Claim Type Code:
Maintenance Type Code:	H
Maintenance Type Code Date:	Late Reason Code:
02/19/2009	

▼ Employee Information

First Name:	Employee ID Type:
Arthur	S
Middle Name/Initial:	Employee ID:
	222334444
Last Name:	Gender:
Weasley	M
Name Suffix:	Date of Birth:
	01/05/1956
Phone Number:	Manual Classification Code:
	3165
Number of Dependents:	Marital Status Code:
6	M
Street Address:	State:
340 W 13th St	VA
:	Country:
	US
City:	Zip Code:
Richmond	23224-2118

▼ Claim Administrator Information

Insurer FEID:	Insurer Type Code:
030316676	I
Insurer Name:	Claim Administrator Name:
LIBERTY INSURANCE CORPORATION	HARTFORD INSURANCE CO. OF THE MIDWEST
Claim Administrator FEID:	State:
061008026	FL
Claim Administrator Claim Number:	Country:
test01	US
Street Address:	Zip Code:
PO Box 958459	32795-8459
:	
City:	
Lake Mary	

▼ Employer Information

Employer FEID:	Industry Code:
061008026	333414
Name:	State:
HARTFORD INSURANCE CO. OF THE MIDWEST	FL
Street Address:	Country:
PO Box 958459	US
:	Zip Code:
	32795-8459
City:	Insured Type Code:
Lake Mary	I
Insured FEID:	Insured Report Number:
030316676	
Insured Name:	
liberty	
Policy Number:	
345689h 9	

▼ Accident Information

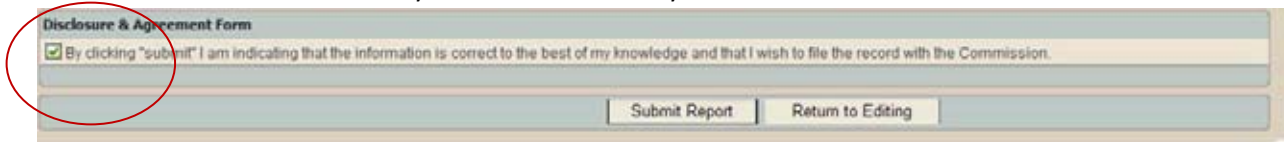
Date of Injury:	Nature of Injury:
02/06/2009	04
Cause of Injury:	Part of Body:
01	35
Death Result of Injury Code:	Date Claim Administrator Had Knowledge of Injury:
H	02/13/2009
Employee Date of Death:	Date Employer Had Knowledge of Injury:
	02/11/2009
Accident Description/Cause:	Accident Site Zip Code:
spilled freon on hands	23237
	Accident Site Country:
	US

Disclosure & Agreement Form

☐ I have reviewed the above information and would like to submit the form.

16. Review the information.

- a. If you do not agree with the data and wish to updated it then click on CONTINUE EDITING. This will take you back to data entry view

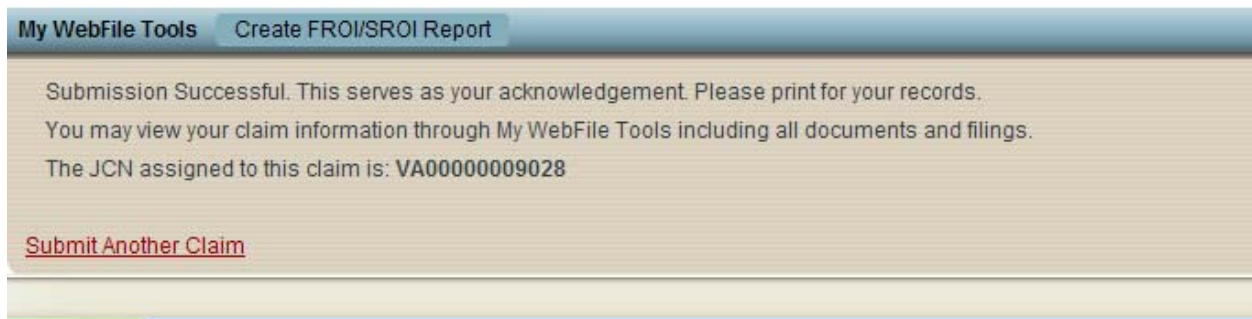


- b. If you agree with the data then at the bottom of the screen you a box that you need to check that states that you reviewed the form and are ready to submit.



BEFORE YOU CLICK "I AGREE". On current version of tool you will not be able to view the report after it's submitted. If you wish to retain a copy of the report then print your screen now.

- c. Submit Report



17. Confirmation page will display. From here you can enter a new report of logout of system



TO RETURN TO TOP OF DOCUMENT CLICK  and  HOME BUTTONS

CLAIM INFORMATION DATA ELEMENTS

Claim Information		
Field	Description	Length/Type*
Jurisdiction Claim Number	The number assigned by the jurisdiction to identify a specific claim	13 A/N
Maintenance Type Code	The code defining the specific purpose of individual records within the transaction being transmitted	2 A/N
Maintenance Type Code Date	The date the maintenance type code was moved to the transmission queue or flagged for transmission	Date (mm/dd/yyyy)
Claim Type Code	The code representing the current classification of the claim as interpreted by the jurisdiction	1 A/N
Late Reason Code	The code identifying the reason payment/report was not made within a jurisdiction's time requirements	2 A/N

***Length: upper limit on number of characters allowed in data field**

***Type: A = Alpha N = Number**

EMPLOYEE INFORMATION DATA ELEMENTS

Employee Information		
Field	Description	Length/Type
First Name	The employee's legally recognized first name.	15 A/N
Middle Name/Initial	The employee's legally recognized middle name or initial.	15 A/N
Last Name	The employee's legally recognized last name.	40 A/N
Employee ID Type	Identifies the employee ID being transmitted.	1 A/N
Employee ID	An identification number assigned by the proper authority. Can be SSN, Employment Visa #, Green Card #, Passport #, Assigned by Jurisdiction (In the absence of preferred identifier)	15 A/N
Date of Birth		Date (mm/dd/yyyy)
Gender	The code indicating the sex of the employee.	1 A/N
Marital Status Code	A code indicating the employee's marital status as of the date of injury.	1 A/N
Number of Dependents	The number of individuals relying on the employee for economic support as defined by the jurisdiction's statute.	2 N
Phone Number	The phone number where the employee can be reached.	15 A/N
Street Address	The mailing address for the employee.	40 A/N
Street Address (2)	The mailing address for the employee	40 A/N
City	The city of the employee's mailing address.	15 A/N
State	The state of the employee's mailing address.	2 A/N
Zip Code	The postal code of the employee's mailing address.	9 A/N
Country	The country of the employee's mailing address.	3 A/N
Manual Classification Code	A code that corresponds to the primary occupation in which the employee was engaged at the time of accident/injury, or injurious exposure.	4 A/N

CLAIM ADMINISTRATOR INFORMATION DATA ELEMENTS

<u>Claim Administrator</u>		
Field	Description	Length/Type
Insurer FEIN	The Federal Employer Identification Number of the insurer of the employer where the employee was employed at the time of injury.	9 A/N
Insurer Name	The legal name of the insurance company, self-insured, or guarantee fund assuming the employer's financial responsibility for this claim	40 A/N
Insurer Type Code	The code representing the type of entity providing financial responsibility for the claim	1 A/N
Claim Administrator Claim Number	An identifier for a specific claim with a claim administrator's claims processing system	25 A/N
Claim Administrator FEIN	The Federal Employer Identification Number of the entity licensed or allowed by the jurisdiction to adjust a claim.	9 A/N
Claim Administrator Name	The legal name of the entity adjusting the claim	40 A/N
Street Address	The mailing address for the employee.	40 A/N
Street Address (2)	The mailing address for the employee	40 A/N
City	The city of the employee's mailing address.	15 A/N
State	The state of the employee's mailing address.	2 A/N
Zip Code	The postal code of the employee's mailing address.	9 A/N
Country	The country of the employee's mailing address.	3 A/N

EMPLOYER INFORMATION DATA ELEMENTS

Employer		
Field	Description	Length/Type
Employer FEIN	The Federal Employer Identification Number of the employer where the employee was employed at the time of injury.	9 A/N
Name	The legal name of the business entity that is filing the claim, hired the employee and provided direction and remuneration to the employee at the time of injury, or as jurisdictionally defined by volunteers and other non-paid classes of employees. In a leasing situation this would be the leaser.	40 A/N
Industry Code	The code representing the nature of the employer's business which is contained in the industrial classification manual published by the Federal Office of Management and Budget	6 A/N
Street Address	The mailing address for the employee.	40 A/N
Street Address (2)	The mailing address for the employee	40 A/N
City	The city of the employee's mailing address.	15 A/N
State	The state of the employee's mailing address.	2 A/N
Country	The country of the employer's mailing address as provided by the employer to the claim administrator.	3 A/N
Zip Code	The postal code of the employee's mailing address.	9 A/N
Insured FEIN	The Federal Employer Identification Number corresponding to and uniquely identifying the insured	9 A/N
Insured Name	The named entity of the policy. Typically the insured named name is the parent company in the hierarchically structured organization.	40 A/N
Insured Type Code	A code representing the kind of insurance arrangement held by the financially responsible party associated with the claim.	1 A/N
Insured Report Number	The number assigned to the insured to identify a specific claim.	25 A/N
Policy Number	The number identifying the coverage policy in effect for the claim	18 A/N

ACCIDENT INFORMATION DATA ELEMENTS

Field	Description	Length/Type
Date of Injury	For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the causes or substance creating the condition; unless otherwise defined by statute.	Date (mm/dd/yyyy)
Time of Injury	Time of the accident or injury	HHMM
Nature of Injury	The code corresponding to the nature of the injury sustained by the employee	2 A/N
Part of Body	The code corresponding to the part(s) of the body injured	2 A/N
Cause of Injury	The code corresponding to the cause of the injury based on the information available to the claim administrator.	2 A/N
Date Claim Admin Had Knowledge of Injury	The date the claims administrator was notified that the employee or beneficiary has secured legal representation.	Date (mm/dd/yyyy)
Date Employer Had Knowledge of Injury	The earlier of the date the accident was reported to the employer or the date that the employer had actual knowledge of an accident or injury.	Date (mm/dd/yyyy)
Death Result of Injury code	A code that indicates whether the workers death was a result of the injury (Y = yes, N = no, U = unknown)	1 A/N
Employee Date of Death	The date the employee died	Date (mm/dd/yyyy)
Accident Site Zip Code	The postal code of the employer's mailing address.	9 A/N
Accident Site Country	The country of the employer's mailing address as provided by the employer to the claim administrator.	3 A/N
Accident Description/Cause	A free form description of how the accident occurred and the resulting injuries.	500 A/N

BENEFITS INFORMATION DATA ELEMENTS

<u>Field</u>	<u>Description</u>	<u>Type</u>
Number of Benefits	The number of Benefit segment occurrences.	2 N
Benefit Type Code	A code identifying the payment being made.	3 A/N
Benefit Type Amount Paid	The cumulative paid to date amount for the Benefit Type Code(s) being reported. For acquired claims, the Benefit Type Amount Paid will be the cumulative paid to date amount by the acquiring claim administrator.	9.2
Benefit Period Start Date	The first date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code.	DATE (mm/dd/yyyy)
Benefit Period Through Date	The latest date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code	DATE (mm/dd/yyyy)
Benefit Type Claim Weeks	The cumulative number of whole weeks paid for the Benefit Type Code for all benefit periods.	4 N
Benefit Type Claim Days	The residual number of days after determining the Benefit Type Claim Weeks. For acquired claims, the Benefit Type Claim Days will be the residual number of days after determining the Benefit Type Claim Weeks paid by the acquiring claim administrator.	1 N
Benefit Payment Issue Date	For IP, AP, PY, RB: The date that the check that initiated the MTC is officially surrendered during business hours to a letter delivery organization; or available for pickup per agreement with the employee. For Sx MTC's, the Benefit Payment Issue Date is the date the last indemnity check was issued prior to the suspension. For CO transactions that have an MTCC of IP, AP, PY or RB; the date of the check that initiated the IP, AP, PY or RB that received a TE acknowledgment code.	DATE (mm/dd/yyyy)
Number of Benefit ACR	The number of Benefit ACR segment occurrences	3 N
Benefit Adjustment Code	A code identifying reductions or increases applied to the Gross Weekly Amount resulting in a new Net Weekly Amount for a specific benefit type.	4 A/N
Benefit Adjustment Start Date	The first date of the uninterrupted period in which the current Benefit Adjustment Weekly Amount was applied to the Benefit Type Code. For acquired claims, the Benefit Adjustment Start Date will be the first date of the uninterrupted period in which the current Benefit Adjustment Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator.	DATE (mm/dd/yyyy)
Benefit Adjustment End Date	The last date through which the benefit adjustment was applied to the Benefit Type Code.	DATE (mm/dd/yyyy)
Benefit Adjustment Weekly Amount	The weekly amount of benefit adjustment corresponding to the Benefit Adjustment Code.	9.2
Number of Other Benefits	The number of Other Benefits segment occurrences.	2 N
Other Benefit Type Code	A code identifying miscellaneous benefits not otherwise specifically defined with a Benefit Type Code	3 A/N
Other Benefit Type Amount	The cumulative amount paid to date associated with an Other Benefit Type Code. For acquired claims, the Other Benefit Type Amount will be the cumulative amount to date associated with an Other Benefit Type Code paid by the acquiring claim administrator.	9.2

<u>Field</u>	<u>Description</u>	<u>Type</u>
Number of Payments	The number of Payment segment occurrences	2 N
Payment Reason Code	<p>A code, equating to a Benefit Type Code or an Other Benefit Type Code, used when:</p> <ul style="list-style-type: none"> - The jurisdiction requires reporting of lump sum payments/settlements - The jurisdiction requires the reporting of the first payment of funeral, penalty, attorney fees, or a minimum threshold amount of medical - The jurisdiction requires the reporting of Payee on an IP, AP, or RB 	3 A/N
Payment Amount	The net amount of the check.	9.2
Payment Covers Period Start Date	The beginning date of the period covered by a payment.	DATE (mm/dd/yyyy)
Payment Covers Period Through Date	The last date of the period covered by a payment.	DATE (mm/dd/yyyy)
Payment Issue Date	For IP, AP, PY, RB: The date that the check that initiated the MTC was officially surrendered during business hours to a letter delivery organization; or available for pickup per agreement with the employee. For CO transactions that have an MTCC of IP, AP, PY, or RB: the date of the check that initiated the IP, AP, PY, or RB that received the TE acknowledgment code	DATE (mm/dd/yyyy)
Payee	For PY (or any corresponding 02 or CP), or when the jurisdiction requires the reporting of payee on an IP, AP, or RB: The name of the individual, organization, or court assignment to whom the check is being issued.	40 A/N

DENIAL INFORMATION DATA ELEMENTS

Field	Description	Type
Number of Suspension Narratives	The number of suspension narrative segment occurrences.	2 N
Suspension Effective Date	The last date through which the concurrent indemnity benefit being partially suspended are due to or the last date through which all indemnity benefits are due.	DATE
Suspension Narrative	A factual basis for suspending all indemnity benefits or for partially suspending a concurrent indemnity benefit.	50 A/N
Denial Effective Date	The date from which the claim administrator is denying all benefits for the claim.	DATE (mm/dd/yyyy)
Number of Full Denial Reason Codes	The number of Full Denial Reason Codes segment occurrences.	2 N
Full Denial Reason Code	The code used to identify reasons for denying a claim in its entirety or defending that assertion	2 A/N
Number of Denial Reason Narratives	The number of Denial Reason Narrative segment occurrences	2 N
Denial Reason Narrative	A description identifying reasons for denying a claim in its entirety or defending the assertion. The narrative may be used to present denial reasons not identified by code(s) or to provide a factual basis supporting and information for the denial reason(s) identified by codes(S). If both code and text are required, the narrative will contain only reasons in excess of the five codes, as text, and/or supporting information for any reasons submitted. Narrative reasons will not include code values. The narrative will not be required to be a text equivalent of the denial reason codes. The narrative description will not invalidate a denial reason code.	150 A/N



TO RETURN TO TOP OF DOCUMENT CLICK



and



HOME BUTTONS

HOW TO ACCESS PARTIALLY SAVED REPORTS

This module covers the procedure for accessing a partially saved or un-submitted FROI or SROI reports.

Applicable Roles: Claim Administrator User, Site Administrator

Prerequisite Actions: User has started to enter a report and saved it without submitting it.

Business Scenario: User is ready to complete and submit a previously started FROI or SROI

1. Go to new website at: <https://webfile.workcomp.virginia.gov>
2. Log into WebFile



3. Enter login id and password

4. "My VWC Tools" is your default screen

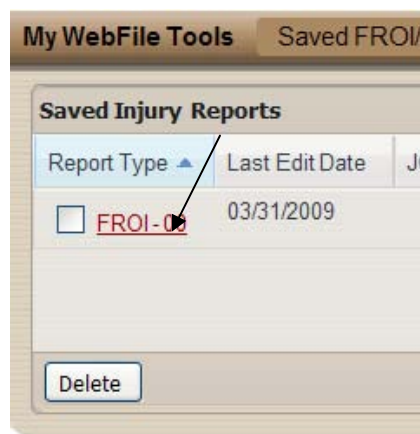
JCN	Claimant First Name	Claimant Last Name	Employer	Injury Date	Assigned To
VA000000008981	Tom	Thompson	Claim Admins R'US	03/10/2009	Smith, Mark
VA000000008985	Chuck	Jones	AMY TEST 1	02/15/2005	Unassigned
VA000000008984	Jeff	Author	Joes Fishery	03/11/2009	Martin, Joe

Report Type	Last Edit Date	JCN	Claim Admin	Insurer	Employer	Claimant First	Claimant Last	Injury Date
FROI - 00	03/31/2009					Sarah	Employee	

5. In the “Saved FROI/SROI Reports” section of the screen, you will see all previously saved FROIs and SROIs.



6. From here you can access the report you wish to complete by clicking on the report name

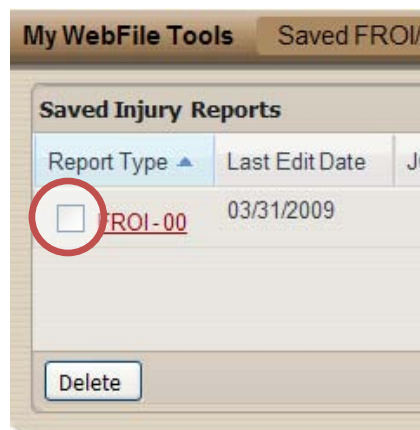


7. The report entry screens will display.

Business Scenario: User wants to delete a previously started FROI or SROI

Follow steps 1 through 6 from above

8. To delete a report, just select it and click DELETE



APPENDIX A – TERMS AND CONDITIONS

The most recent version of the *WebFile* Terms and Conditions can be accessed online by logging in and clicking on “Manage my Profile”.

Terms and Conditions as of February 24th 2009:

Terms and Conditions

These terms and conditions pertain to the Virginia Workers’ Compensation Commission’s hosted online case management system (“WebFile”). Use of this system is not required to conduct business with the Commission; however, by using this system, you are expressly, without reservation, indicating your consent to the following terms and conditions. Failure to comply with these terms and conditions shall subject the user and his or her organization to termination of access to and use of WebFile as well as to other penalties contained in the Virginia Workers’ Compensation Act or applicable law.

MAKING FILINGS VIA WEBFILE

- A. Time of Filing. A record submitted to the Commission via WebFile is considered filed only when it is loaded onto the Commission’s servers. Thus, a record submitted at 11:59 p.m. on day 1, but loaded onto the servers at 12:00 a.m. on day 2, is considered filed on day 2. You will receive confirmation of a successful filing at the time of filing.
- B. Maintenance and Repairs. The Commission performs routine maintenance to its electronic systems as well as urgent repairs. In such situations, the system likely will be brought down and you will be unable to perform transactions. The Commission will make every effort to notify users in such situations, but ultimately the user is responsible for ensuring that any transaction was successfully performed. You will receive confirmation of a successful filing at the time of filing.
- C. Accuracy of Information. When the Commission acknowledges or confirms successful transmission of a record via WebFile, it is not thereby indicating that the information submitted is accurate, but simply that it was successfully transmitted to the Commission.
- D. Electronic Signature. By clicking “submit” or “file” or otherwise submitting information via WebFile, the user is indicating that he or she is the individual registered with and logged onto WebFile, that he or she attaches his or her signature to the submission, and that the record submitted is accurate and complete to the best of the user’s knowledge. If making a submission on behalf of an organization, the user is indicating that he or she is authorized to act on behalf of the organization making the submission. Where indicated, the user is certifying, under penalty of perjury, that the submitted document is true and correct.

USER ADMINISTRATION

- A. WebFile User Account. WebFile is available to users for the sole purpose of providing parties to an action under the Virginia Workers' Compensation Act with online access to submit records pertinent to such action. By establishing a WebFile account with the Commission, you certify to the Commission that your use of the account is exclusively intended for these legitimate reasons. You agree to maintain the privacy of your account and not share your password or otherwise provide access to any other user, either directly or indirectly, and whether or not the other user has his or her own WebFile account. You also agree to notify your Site Administrator or the Commission to disable your account upon knowledge of unauthorized access.
- B. WebFile Site Administrator Account. As an administrator of your organization's WebFile account, you agree to maintain the privacy of your account and not share your password or otherwise provide access to any other user, whether or not the other user has his or her own WebFile account. You also agree to provide access to your organization's account with the Commission via WebFile only to individuals satisfying both of the following conditions: (1) employees of the organization; and (2) users with lawful reasons to have a WebFile account consistent with the purposes stated herein.

FROI/SROI SUBMISSIONS

- A. FROI/SROI Submissions. All FROI/SROI submissions made via WebFile are made with the user's express agreement that he or she is an employee of the organization that is making the FROI/SROI submission, authorized to act on behalf of the organization. The user making the submission also is certifying that the organization has been approved to make FROI/SROI submissions via WebFile and that, as regards any particular FROI/SROI submission, that the organization is either the insurer or employer of record in the case underlying the FROI/SROI submission or is authorized to act as the third-party Claim Administrator on behalf of the insurer or employer of record.
- B. FROI/SROI Implementation Guide. All users making FROI/SROI submissions via WebFile agree to comply with the Commission's Implementation Guide for EDI Reporting, available at www.vwc.state.va.us, in making all FROI/SROI submissions.
- C. Initiating a WebFile Series of Reports. Once a user is approved for WebFile FROI/SROI production, WebFile must be used to make required reports for all claims with dates of accidents on or after March 1, 2009. For all accidents occurring before March 1, 2009, non-WebFile reporting methods (i.e., paper) must continue to be used—do not use WebFile to make reports on such accidents.
- D. "Catch Up" FROI/SROI Reports. Organizations approved for WebFile must report all accidents dating back to March 1, 2009. If an organization is approved for WebFile production after March 1, 2009, you must use the Jurisdiction Claim Number, or JCN, supplied for any accidents reported between March 1, 2009, and the date you approved for production, and "catch up" these accidents in WebFile. These will typically begin with "VA01 . . ."
- E. "Fast-Filed" or "No Notification" Claims. After a user is approved for WebFile FROI/SROI production, in some instances an injured worker may file a claim with the Commission before the Claim Administrator files an accident report with the Commission. This may occur, for example, when the worker fails to notify the employer, the employer fails to notify the carrier, or the worker notifies the Commission more quickly than the Claim Administrator notifies the Commission. In such "fast filed" cases, the Commission will

create a non-WebFile record for the worker's claim and will notify the parties and supply a Jurisdiction Claim Number, or JCN, for the claim. Claim Administrators approved for WebFile FROI/SROI production must report the "fast filed" claim on WebFile using the supplied JCN. These will typically begin with "VA01 . . ."

FEES AND SUPPORT

- A. Cost of use. There is no charge assessed by the Commission to connect to or submit data through WebFile. All costs to collect required information, input the data into WebFile, use the internet, maintain electronic mail accounts, and perform other associated functions and processes, are the sole responsibility of the user and not the Commission.
- B. Support. The Commission will provide WebFile support only to an organization's Site Administrator. Each organization is allowed one administrator, and each administrator is allowed one alternate. Both shall be registered with the Commission.

SECURITY AND CHANGES IN TERMS

- A. Privacy. All records maintained by the Commission, including records submitted to the Commission via WebFile, are protected from disclosure according to the Virginia law, including the Virginia Workers' Compensation Act.
- B. Security. WebFile is monitored by the Commission for security purposes to ensure that it remains available to all users and to protect information in the system. By accessing WebFile, you are expressly consenting to these monitoring activities.
- C. Changes in Service. The Commission provides WebFile as a service to its authorized customers, and may disable the service or change the service, including these terms and conditions, at any time and in its sole discretion. The Commission will make every effort to provide registered users advance notice of any service changes, but is not responsible for any consequences of the failure to provide notice.

ACCESS TO CASE INFORMATION

- A. Unauthorized Access to Records. Unless you are a party to an action, such as the injured worker or an employee of the Claim Administrator responsible for a claim, or an authorized representative of a party, you are prohibited from viewing, retrieving, or otherwise accessing records via WebFile. Unauthorized access is punishable by law.
- B. Official Record. In any particular case, the official record is that set of documents and filings submitted to the Commission relevant to the particular case and stored electronically. **You should not submit paper copies of any electronic filings made to the Commission via WebFile.**



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APPENDIX B - *WebFile* IAIABC STANDARD CODE VALUES

Below are links to frequently used standard codes. The IAIABC web site has a full listing of codes and other pertinent information. Please reference the [IAIABC Resources Page](#).

Code	Code Listing Document
Industry Code	http://www.census.gov/eos/www/naics/
Nature of Injury Code	https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Nature_Table.pdf
Cause of Injury Code	https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Cause_Table.pdf
Part of Body Injured Code	https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf
Permanent Impairment Body Code Part	http://www.iaiabc.org/files/public/Permanent%20Impairment%20Body%20Part%20Codes%20(9-7-06).pdf

APPENDIX C - BUSINESS SCENARIOS

Scenario	Description	Comments	Previously reported	Report MTC
BS001	Minor injury occurs	Injury is reported, No lost time and Medicals are less than \$1000. FROI UR is due within 30 days of the Date of Injury (a 00 - Original could be reported in place of the UR Upon Request report but is due within 10 days of Date of Injury) Note: Claim Type Code must be "N" Notification Only	none	UR (Upon request)
BS002	Minor injury; Medical reaches \$1,000	BS001 scenario is reported within 30 days of the Date of Injury. The UR is accepted by VWC after which time the Medical payments reach \$1,000 FROI 00 is due within 10 days of Medical Payments reaching \$1,000. JCN must match UR's JCN. SROI PY due within 10 days of medical payments exceeding \$1000.	UR (Upon request)	00 (Original) PY (Payment Report)
BS003	Lost time injury occurs	Injury is reported, becomes lost time FROI is due within 10 days of the Date of Injury SROI is due within 10 days of check issue date	Either none or FROI 00	00 (Original) IP (Initial Payment)
BS004	Quarterly report is due (anniversary of Date Of Injury)	BS003 scenario is reported within the Virginia guidelines, subsequently medical bill payments are made FROI 00 was reported within 10 days of the Date of injury SROI IP was reported within 10 days of check issue date Quarterly Report due within 90 days from the month of injury date reporting paid-to-date amounts on indemnity & medical payments	00 (Original) IP (Initial Payment)	QT (Quarterly)
BS005	Intermittent Periods of disability	Injury is reported, becomes lost time, injured worker returns to work (actual RTW) after 20 days at pre-injury wages then misses work two weeks later due to the same work related injury FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days or the check issue date SROI S1 was reported immediately when employee returned to work SROI RB must be filed within 10 days of the benefits being reinstated	00 (Original) IP (Initial Payment) S1 (Suspension, RTW)	RB (Reinstate Benefits)

Scenario	Description	Comments	Previously reported	Report MTC
BS006	Opinion issued awarding lump sum benefits, lump sum payment is reported	Injury is reported, becomes lost time, an award is made for a lump sum payment FROI 00 was reported within 10 days of the Date of Injury SROI IP with indemnity payments and medical payments within 10 days of check issue date SROI PY must be filed immediately reporting the payment of lump sum benefits	00 (Original) IP (initial Payment)	PY (Payment Report)
BS007	Entire Claim is denied, first report	Injury is reported, claim is denied due to no coverage FROI is due within 10 days of the Date of Injury	none	FROI 04 (Denial)
BS008	Lost time injury occurs, employer paid benefits	Injury is reported, becomes lost time and the employer agrees to pay lost wages FROI 00 was filed within 10 days of the Date of Injury SROI EP is due within 10 days of the check issue date	00 (Original)	EP (Employer Paid)
BS009	Entire claim is denied after First Report	Lost time injury is reported. Claim is denied after further investigation. FROI 00 was filed within 10 days of the Date of Injury SROI 04 Denial is due immediately	00 (Original)	SROI 04 (Denial)
BS010	Benefits are suspended	Lost time injury is reported, injured worker returns to work (actual RTW) after 20 days at pre-injury wages FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days of the Check Issue Date SROI S1 is due immediately when employee returned to work Note: SROI Sx is used to report the suspension of all benefits where x = reason for suspending. This scenario could be used for any suspension reason.	00 (Original) IP (Initial Payment)	S1 (Suspension, RTW)

Scenario	Description	Comments	Previously reported	Report MTC
BS011	Partial suspension of benefits	Lost time injury is reported, injured worker is paid temporary partial and permanent partial indemnity benefits concurrently. Temporary partial benefits are suspended because the injured employee returned to full-duty work; permanent benefits continue. FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days of the Check Issue Date SROI P1 is due immediately when temporary partial benefits are suspended Note: SROI Px is used to report the suspension of concurrent temporary partial benefits where x = reason for suspending. This scenario could be used for any partial suspension reason.	00 (Original) IP (Initial Payment)	P1 (Partial Suspension, RTW, or Medically Determined/Qualified RTW)
BS012	Acquired claim	Claim is acquired by new Claim Administrator. Claim Administrator reports the acquisition of the claim. FROI AQ is due 10 days from the date of acquisition.	none (new claim administrator)	AQ (Acquired claim)
BS013	Acquired claim, rejected AQ	Claim is acquired by new Claim Administrator. Claim Administrator reports the acquisition of the claim. Claim administrator submits an AQ report to VWC. VWC has no record of the claim so the AQ is rejected because the AQ report doesn't have enough data to establish the claim on the VWC database; an AU report is due. FROI AU is due 10 days from the date the AQ was rejected.	AQ (rejected)	AU (Acquired Unallocated)
BS014	Acquired claim, first payment	Claim is acquired by new Claim Administrator. Claim Administrator reports the acquisition of the claim. The first check for indemnity benefits was issued. FROI AU was filed within 10 days of the date the AQ was rejected. AP is due within 10 days of check issue date.	AU (Acquired Unallocated)	AP (Acquired Payment)
BS015	Claim is cancelled	Injury is reported, becomes lost time. Claim administrator discovers that the policy had been canceled; Claim administrator had paid and filed the required reports to VWC in error. FROI 00 was filed within 10 days of the Date of Injury SROI IP was filed within 10 days of check issue date. 01 is due immediately.	00 (Original) IP (Initial Payment)	01 (Cancel)

APPENDIX D - *WebFile* ROLES ACCESS AND FUNCTIONALITY

WebFile Functionality by Role

Role	Functionality					
	MANAGE CLAIM ADMINISTRATOR ACCESS	ASSOCIATE CLAIM ADMINISTRATOR MANAGERS WITH CLAIM ADMINISTRATOR NON MANAGERS	SEARCH FOR CLAIMS	MAKE NEW SUBMISSIONS *	VIEW UNASSIGNED CLAIMS	ASSIGN CLAIMS TO CLAIM ADMINISTRATOR NON MANAGERS
Site Administrator	●	●				
Claim Administrator Manager			●	●	●	●
Claim Administrator Non Managers			●	●		

* You are able to make the following submissions:

- Award Agreement
- Termination of Wage Loss Award
- Employers Application for Hearing
- 20 Day Order Response (Claim Filed)
- 20 Day Order Response (Payments Made)

Visibility of Claims Within a Claim Administrator Organization

Role	ALL UNASSIGNED CLAIMS	CLAIMS ORIGINATED BY CLAIM ADMINISTRATOR	CLAIMS ASSIGNED TO ASSOCIATED CLAIM ADMINISTRATOR NON MANAGER
Claim Administrator Manager	●	●	●
Claim Administrator Non Manager		●	